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## ORIGINAL ARTICLES

### DIAGNOSIS AND TREATMENT OF PROSTATITIS AND SEMINAL VESICULITIS \*

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The diagnosis of chronic prostatitis and seminal vesiculitis may often be made after a careful history of the patient. A chronic urethritis is invariably complicated with both a prostatitis and also a spermatocystitis. Oftentimes, and this especially applies to the chronic forms of the disease, all symptoms directing one's attention to these organs are very vague, and often lacking. My experience has been that close and thorough questioning of patients has very frequently failed to reveal a single symptom by which I could make my diagnosis previous to examination, and in those cases where I have found them, the idea occurred to me that they were all referable to an existing posterior urethritis. In those cases in which the prostate gland or seminal vesicles were alone involved, where the urethritis itself was cured, the only method of diagnosis upon which I could rely was by rectal examination, and careful microscopic examination of the expressed secretions. It is equally true that the prostate may become infected as early as eight days following the onset of

an acute gonorrhea, and this is especially so where gonococci are still present in the urethral discharge. When it is remembered that with many cases of chronic prostatitis there is present an existing sexual neurasthenia we can readily see that the symptoms should not be solely relied upon.

I find the following method of procedure in making the examination to be most satisfactory: The patient first urinates. The anterior urethra is then thoroughly washed by means of a blunt pointed syringe with a capacity of 150 c. c., or with a glass irrigator. A two per cent solution of Boric acid is used for this purpose.

This flushing is continued until the returning fluid is clear. The solution is then allowed to flow into the bladder and then expelled. This procedure is repeated until the solution returns absolutely clear. The object in doing this is to prevent, as nearly as possible, the secretions from the prostate and seminal vesicles from becoming mixed with any urethral discharge. The bladder is then once more filled with this liquid and retained. The patient leans across a chair or table, his body at right angles to his

\*Read at the Forty-fourth Annual Meeting of the Michigan State Medical Society, at Kalamazoo, Sept. 15 and 16, 1909.

hips, his feet widely separated and his knees rigid. The index finger, covered with a thin rubber finger cot and anointed with any simple emollient, as zinc oxide ointment or plain vaseline, is then slowly introduced into the rectum. Another and most excellent position for the patient to assume is to have him remove his trousers and one side of his underclothing and to have him lie flat upon the table. His thighs should be widely separated and flexed on the abdomen and his legs flexed on the thighs. His feet should not rest upon the table. The surgeon's forearm should be parallel to the table.

The prostate gland is first carefully and gently palpated, its size, general contour, all points of induration, tenderness, softening and fluctuation being carefully borne in mind. The finger then being inserted a little further, the seminal vesicles can be felt and their condition likewise observed. It must be remembered that the seminal vesicles in their healthy and normal condition are often imperceptible to the touch of the examining finger.

To obtain the prostatic secretion it is necessary to gently stroke the prostate from above downwards, going over each portion eight to twelve times, and then with one sweep of the finger go over the entire surface. The secretion escaping from the meatus may be either allowed to drop upon a glass slide or into a graduate. The former is more practicable. A cover glass is now applied over the specimen, which is immediately examined with a  $\frac{1}{2}$  objective. In cases of prostatitis, the secretion is seen to be composed of pus cells, which vary in number and depend upon the degree of inflammation, epithelial cells from the prostate, globules of leucithin, amyloid bodies, and spermin crystals. The secretion from the seminal vesicles is obtained in like manner and the findings

are the same, with the addition of living and dead spermatozoa.

Another glass slide is now placed over the specimen (the cover glass having been removed) and the two are firmly pressed together and then slowly drawn apart. The specimen is now fixed and stained with methylene blue. With a  $\frac{1}{2}$  oil immersion, gonococci and other bacteria are often found in addition to what has been previously mentioned. Searching for these micro-organisms is more difficult than when looked for in urethral discharge.

The presence of numerous leucocytes or pus cells, even where the bacteriologic findings prove negative, in these secretions is pathologic and is absolutely indicative of an existing prostatitis or seminal vesiculitis. The curability of these diseases can only be determined by repeated microscopic examinations of the stained and unstained secretions.

The prognosis is excellent and depends greatly upon the thoroughness and persistency with which the treatment is administered and continued.

The treatment, and here I shall speak only of the chronic forms, consists, first, in the avoidance of all violent exercise, as horseback riding, bicycling, etc. Alcohol in all forms is best avoided. Tea and coffee, when weak, may be moderately used. Constipation should be guarded against. Sexual intercourse must be absolutely prohibited. Light outdoor exercise and nourishing foods are beneficial. Highly seasoned articles of food should be avoided. Internal medication is of doubtful value. A well-fitting suspensory is advisable. Locally the treatment depends greatly upon the bacteriologic findings. Should gonococci be present in the secretions, the bladder should first be filled with a weak silver albuminate solution, such as Albargin 1-1000, Protargol 1-500, etc. The prostate and seminal

vesicles should then be massaged as previously stated. The patient then urinates, thus ridding the bladder and urethra of any infecting material. Should the findings prove to be other bacteria than gonococci I use a solution of mercury oxycyanatum varying in strength from 1 to 4000 to 1-2000 in the same manner. The object of the massage is to cause a greater and firmer contraction of these glands and also to empty and expel these foci of infection. These treatments are continued until there is a total disappearance of the pus cells and gonococci. After the disappearance of these pus cells and bacteria, many tests, six to ten in number, at weekly intervals, should be made, and thereafter every one or two months for the following year. The patient may be pronounced cured if at each of these consecutive examinations there is a total disappearance of pus cells and bacteria. This massage may be repeated every two or three days if well borne. Instillations to the prostatic urethra are also beneficial, and especially so if there is an existing posterior urethritis. All other disorders of the urethra, when present, must also receive the treatment appropriate to these conditions. Various instruments have been devised for massage, but the finger is the best for this purpose.

Rectal suppositories consisting of:

R Ichthiol 1.0-2.0

Ext. Belladonnae 0.15

Oleii Cacao qs Suppos. No. X,

or,

R Kalii Iodi. 2.0

Iodi (Pure) 0.5

Ext. Belladonnae 0.15

Butyr Cacao qs Suppos. No. X

are often of value and may be used night

and morning. Hot rectal irrigations, preferably through a rectal psycophore are often of great benefit.

The sexual neurasthenia, when present, requires the most careful and painstaking attention. The various urethral dilators, especially those made for the posterior urethra, the use of both the rectal and urethral psycophores, with either hot or cold water, and the application of faradic electricity by means of the urethral or rectal electrodes are all of most decided value.

In closing, I wish to sound one caution as relative to prostatic massage, and this is, that massage is absolutely contraindicated in acute gonorrheal urethritis, or where there is an exacerbation in the discharge, or where there is profuse discharge, containing many gonococci. Better to try to rid the urethral canal of gonococci and discharge, and this having been accomplished, to then proceed with the massage.

In those cases of prostatitis attended with immense swelling and enlargement of the prostate and where signs of fluctuation point to the presence of an abscess, the prostate gland should be treated surgically through the means of a perineal section. The abscess should be well opened and its contents removed, and then drained and packed. Fortunately these cases are of infrequent occurrence, and when present generally occur during the acute stage. Oftentimes following the recovery from this operation, what is left of the prostate will still show remains of the old inflammation, and this requires the treatment as previously outlined.

403-404 Gas Office Building.

The Forty-fifth Annual Meeting of the Michigan State Medical Society will be Wednesday and Thursday, September 28th and 29th, 1910, at Bay City.

## SUPRAPUBIC PROSTATECTOMY\*

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During the past two decades a very voluminous literature has been published on the various phases of prostatic disease. To this literature clinicians from all nations have contributed. In the beginning, however, history reveals slow progress in combating it. Since the prostate gland was first described by Massa in the 16th century and since Riolan in the 17th century first showed that obstruction to urination could be produced by its enlargement, fully two centuries elapsed before means were suggested for its removal. These suggestions came through Mercier in 1856 who snared or otherwise destroyed the median lobe. This in 1867 was followed by Billroth's partial perineal prostatectomy, in 1874 by Bottini's well-known galvano-cautery operation through the urethra, and in 1882 by Leisrink's total extirpation with suturing of the divided ends of the urethra.

It is true that parts of the prostate were removed prior to these dates, but such procedures were only accidental. They were coincident with operations for stone in the bladder. Thus in the course of a perineal lithotomy, as early as 1639, Covillard removed or rather tore away a hypertrophied middle lobe. Others as Amussat in 1827 and Sir Wm. Ferguson in 1848 did likewise. These procedures, however, cannot be classed as prostatectomies.

With the work on prostatic diseases well

started it began to multiply indefinitely. Many different operative procedures have been suggested and practiced. Perineal and suprapubic routes each have their advocates.

The perineal route was strongly recommended by Gouley in 1874, Leisrink in 1882, by Billroth as mentioned above and Goodfellow. The latter in 1891 published many successful cases.

The suprapubic route on the other hand was upheld by Belfield in 1887 and McGill in 1888. The latter in 1889 reported 24 cases.

In these operations only the middle and parts of the lateral lobes adjacent to the urethra were removed.

In 1894 Fuller, of New York, did the first complete suprapubic operation. He used pressure against the perineum with one hand while with the fingers of the other he did the enucleation through the suprapubic opening.

About the same year, *i. e.*, 1894, Nicoll and two years later Alexander advised the combined methods. Performing the operation perineally while the gland was forced downward through a suprapubic opening.

In 1901 Syrus proposed the use of the rubber balloon to accomplish this same purpose, and in 1903 the tractors of Young and Lydston and numerous similar instruments were discovered and tried, some only to be discarded.

The men thus far mentioned together

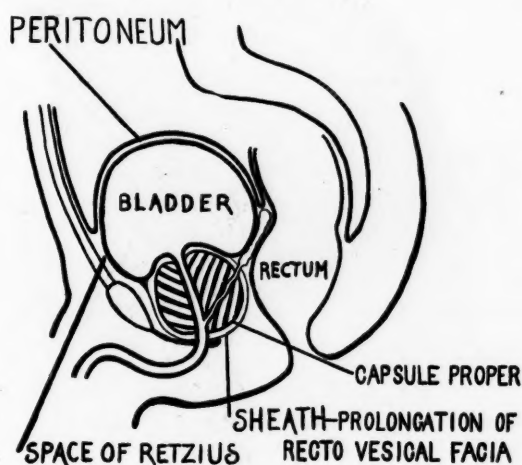
\*Read at the Forty-fourth Annual Meeting of the Michigan State Medical Society, at Kalamazoo, Sept. 15 and 16, 1909.

with Dittel, Fuller, Alexander, Syrus, Murphy, Bigean, Young, Freyer and Guiteras, Deaver and a host of others gave to prostatic disease and its surgical treatment the substantial and well-recognized place it has at the present day.

The etiology of this malady is as yet a mooted question. Excessive sexuality and inflammatory disease each has been considered a causative factor; yet, numerous cases of prostatic hypertrophy are on record in which no such history is obtainable and *vice versa*. It is, however, in some

gland is involved, then again small isolated tumors found similar in structure to the myo- and fibro-myomata of the uterus though they differ from these tumors in that they appear when sexual life is well on the decline instead of during its period of greatest activity.

The neoplastic outgrowths are most commonly adenomatous or fibro-adenomatous in nature. Pure myoma and fibroma are rarely found. Epitheliomata formerly considered of rare occurrence have in the light of present knowledge be-



way associated with the sexual functions. Never do we find it in eunuchs or in persons who suffer from a congenital absence of the testicles or who have lost them through accident or disease.

The hypertrophy of a prostate is either a glandular hypertrophy, a fibrous hypertrophy, a mixed hypertrophy or a prostatic epithelioma.

Time will not permit a discussion of the histology and pathology of each of these phases of this disease. Suffice it to say that prostatic hypertrophy is always of neoplastic origin. At times the whole

come more frequent. Wallace in 65 cases gives 14%; Keen in 318 cases gives 21% or a ratio of about 1 in 5.

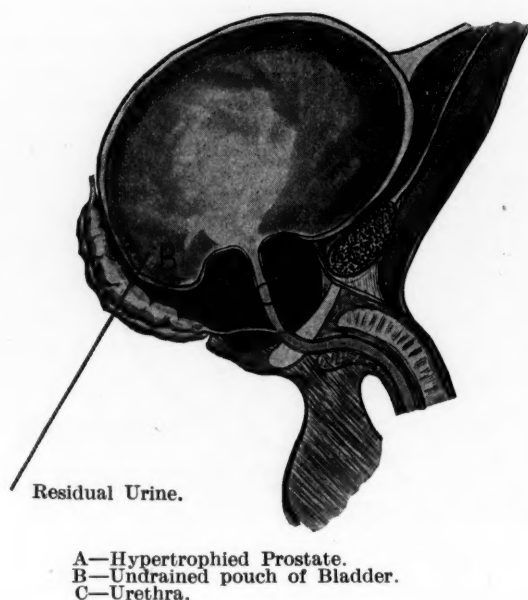
The diagnosis of prostatic hypertrophy is as a rule easy, with the symptoms of increased frequency and difficulty of urination, of incomplete retention accompanied by attacks of complete retention requiring the use of the catheter, with the finding of residual urine, all in a man above 50 years of age, this condition is at once suspected. If now we examine the prostate gland through the rectum the enlargement is readily discovered, for the

stage at which hypertrophy causes symptoms will rarely escape detection by a careful and thorough digital examination. Exceptions here are few and will be found in those cases in which the median lobe alone is enlarged. Here the cystoscope alone can absolutely determine. It will reveal enlargement of this lobe which even the most expert fail to recognize by palpation.

In the diagnosis of this disease there are, however, two conditions which should always be excluded before coming to a

cle muscle is contracting in an effort to expel the urine. This, too, explains the presence of vesicle trabeculation and pouch formation as often seen in this condition and which is certainly a sign of obstruction. Besides when incontinence is prominent and spinal cord disease is thought of, other symptoms such as loss of patellar reflexes, iris reflexes, shooting pains, etc., can usually be elicited.

In chronic prostatitis the frequent urination is not due to obstruction but to irritability. Here there is no residual urine.



definite conclusion, namely: Spinal Cord disease and chronic prostatitis.

In Spinal Cord disease incontinence of urine is usually a prominent symptom. This together with early loss of sexual power should make one suspicious. Examination then will also usually show a flabby condition of the perineal muscle, a weak sphincter, and redundant rectum. Residual urine is usually present but is due to the spasm of the sphincter which fails to respond to the call to urinate and accordingly remains closed when the vesicle

The symptoms are intermittent, a period of weeks and sometimes months intervening between attacks of most severe irritation, frequent urination and pain. These facts will usually differentiate this condition.

With the diagnosis of prostatic hypertrophy established the question comes up: Is it benign or malignant? This, if the disease is far advanced, is readily determined by the amount of infiltration which is present. This infiltration is always first in the direction of the seminal ducts and

vesicles because these structures together with the vessels, nerves and lymphatics proceed from the base of the gland where there is no capsule and where consequently the progress of the carcinomatous degeneration finds least resistance. With these areas involved the diagnosis is an open book and the chances of cure by surgical intervention are practically nil. The probability of cure here bears an inverse ratio to the extent of the disease consequently and to the ease of recognition.

Carcinoma should be diagnosed or at

calculi feel somewhat indurated, but it is not that induration, that inelastic stony hardness so characteristic to carcinoma. Besides in passing a catheter a difference is noticed. In carcinoma obstruction, a circular constriction is encountered near the apex of the prostate gland. This is in marked contra-distinction to benign hypertrophy where the circumference of the urethra is generally increased but much distorted by pressure of the enlarged lobes. *In the latter, too, the beak of the instrument can be felt through rectum which is*



A—Prostate.  
B—Catheter in Urethra.  
C—Finger in Rectum elevating Prostate.  
D—Finger in Bladder shelling out Prostate.

least suspected when it is confined to the prostate; held in, as it were by the capsule. The popular idea that a prostate to be carcinomatous must present an irregular, nodular, and roughened posterior surface, is not tenable, for carcinoma is often found where the posterior surface is smooth. The sign, however, which is usually found and which we might say is almost pathognomonic is marked induration. In most cases this is general. It is true cases of simple hypertrophy with considerable inflammatory thickening, concretions, or

*impossible in carcinoma..* These points will usually suffice to differentiate the two conditions, the importance of which cannot be overestimated. Errors of diagnosis are of serious import. For instance: If in a given case of carcinoma with mild urinary symptoms the diagnosis of benign hypertrophy is made, palliative measures might be instituted. Radical measures are then necessarily delayed and often until the disease has advanced to a stage where excision is utterly impossible.

The treatment of this malady has been

palliative and radical. Of the former line of treatment catheterization, dilatation, vasectomy and castration have been recommended and tried with some temporary benefit, but without any permanent improvement. All are rapidly giving way to the radical treatment. This latter consists in the complete or partial removal of the prostate gland. Two methods have been advocated and adopted, namely: The perineal and suprapubic operation.

The majority of patients suffering from enlarged prostates are usually well advanced in years, have degenerated arteries and in general are debilitated from the disease. For this reason the time necessary for any operation, whether suprapubic or perineal together with the amount of anæsthesia required is of paramount importance. If one procedure can claim any advantage over the other of safety, thoroughness, and of a better condition of the urinary organs afterwards, that operation or method is the one to be selected. Such advantages are exemplified in the suprapubic or intravesicle operation and it should be, we believe, the method of choice in a majority of cases.

The advantages of the suprapubic method are:

1. The operation can be done in a shorter time, five to twenty minutes.
2. It permits of more perfect inspection and palpation of the interior of the bladder, a procedure quite essential for a thorough operation.
3. It obviates the danger of tearing or puncturing the rectum, eliminating the possibility of a urethro-rectal fistula.
4. If enlargement of the median lobe alone exists or if there is present a pedunculated lobe it permits of its removal without disturbing the body of the gland.
5. The membranous urethra as well as the compressor urethra muscle remains

uninjured and thus insures a better urinary control.

We do not mean to infer that the suprapubic route is best suited to all prostatic enlargements. The fibrous variety with infiltration and dense fibrous adhesions, in which the enlargement is principally downward, are perhaps better suited for the perineal operation. These cases, however, form a rather small percentage. The large soft variety, the adenomata and fibro-adenomata, projecting upward into the bladder are more common. And it is to these we refer. The greater the hypertrophy the easier the enucleation.

Free Catharsis, urinary antiseptics, and copious amount of fluid favoring free elimination are preliminary measures which add to the success of the operation. Without them the system remains loaded with toxic products, and lymphatics, inactive.

In those cases where the patient is toxic with fetid urine and dilated bladder it is safer to do a suprapubic cystotomy and drain the bladder for several days, removing the gland at a second operation.

The patient is prepared in the usual manner, the bladder thoroughly irrigated with normal saline or some mild antiseptic solution. Two or three ounces are then left in the viscus to distend it and push the fundus upward. The bladder is opened in the manner of doing a suprapubic cystotomy and cavity inspected.

The index finger of the left hand of the operator or an assistant is inserted into the rectum and the prostate pushed upward toward the incision. With the finger of the right hand in the bladder the mucous membrane covering the projecting prostate, now easily reached, is torn and pushed aside and the prostatic sheath encountered. Its fibres are separated with the finger also and the enucleation of the lateral portion begun. The ease with which it shells out from this sheath bears a direct

relation to the amount of hemorrhage that will ensue. The more forcible the manipulation the greater will be the injury to the sheath and the prostatic venous plexuses contained in it. After the gland or an enlarged lobe is loosened from this fascia or sheath it will be delivered into the cavity of the bladder. It is as a rule easily rolled off from the structure. The cavity thus left is quickly explored to see whether parts of the gland still remain. If so, they are removed in a similar manner. At best there is always a little oozing from this space. This is easily controlled by firmly placing a strip of gauze in the cavity and allowing it to remain there. The wound may be separated by retractors and a catgut stitch inserted in margins of the sheath and cavity compressed.

A good-sized drainage tube of about  $\frac{1}{2}$  inch in diameter, is placed in the bladder and a strip of gauze placed in the prevesicle space. The remaining part of the wound is brought together in the usual manner with

catgut and silkworm sutures. This completes the suprapubic operation which ordinarily should not consume more than ten to twenty minutes.

Upon returning the patient to bed the drainage tube is connected with a bottle at the side of the bed and the amount of urine voided carefully measured. The head of the bed is elevated and saline solution given per rectum. As soon as he is able the patient is induced to take liquids freely. On the second day he is allowed to sit up in bed and on the third or fourth day out of bed.

The method and principles here given we have been using for the past five years with great satisfaction. It is the least time-consuming method and it leaves the patient's urinary organs in the best possible condition. In a series of 22 cases by this route we have had one death which was due to pulmonary embolism on the 4th day following the operation.

## PRIMARY SARCOMA OF THE SPLEEN

After noting the rarity of primary neoplasms of the spleen, CAMILLUS BUSH, San Francisco (*Journal A. M. A.*, February 5), reports a case in a man of 48. Splenectomy was performed, but the patient died with metastases six months after the operation. The growth appeared to be possibly due to an injury received some three years before the appearance of the symptoms. The growth was rapid and painful, and led to a rupture of the spleen.

The removal of the spleen was followed by anemia of rather a severe type, but no lymphocytosis. There was also enlargement of the liver, reaching its maximum five weeks after operation and gradually subsiding under treatment with X-ray and Coley's fluid. There were finally recurrence of the growth and metastases causing death. A special feature was the occurrence of extreme cyanosis after rupture of the spleen. The significance of this is not explained.

## MAJOR AMPUTATIONS\*

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It is my purpose to report in this paper my personal observation where major amputation became necessary.

The meagerness of detail as given in most text-books on the subject of amputation has led me to report eleven cases giving the complications with which I have had to deal before a good and serviceable stump for the attachment of an artificial limb was acquired.

You will observe that four of the cases fail to survive the amputation due to constitutional disturbances. The causes for this fatal termination were as follows:

Tuberculosis, one.

Diabetes, one.

Chronic Nephritis, two.

Among the cases I report are three of double amputation of the lower extremity, one of which was fatal, due not to the amputation but to chronic nephritis and alcohol poisoning.

### CASE 1

October 13, 1894, D. G., age 76.—Amputation for diabetic gangrene of the right foot, amputation junction of lower and middle third of the thigh, femoral artery so changed by sclerosis that it did not bleed; it was, however, tied but no other blood vessels were found bleeding, in this case the flaps showed no inclination to heal, patient sank away into a condition of coma and died at about the end of the first week, having been entirely comatose for about three days preceding death.

\*Read before the Forty-fourth Annual Meeting of the Michigan State Medical Society, at Kalamazoo, September 15 and 16, 1909.

### CIRCULAR FLAP AMPUTATION

#### CASE 2

January 29, 1907, S. T., age 70.—This man was very obese, weighing about 225 pounds, although he was only 5 feet, 6 inches in height. He was run down at a railroad crossing by a train that backed down and ran over him, crushing his left foot and ankle. Double flap amputation was done four inches below the knee, patient suffered greatly from shock. There was almost an entire suppression of urine for 48 hours though the catheter was used from time to time. First urine collected was examined and found to contain albumen about 25 per cent of its bulk. Microscope revealed fatty and hyaline casts showing that the patient was suffering from chronic Bright's disease. This case did not do well. The flaps suppurated and considerable sloughing occurred. At the end of a week patient lapsed into a state of uremic coma and died ten days after the amputation.

#### CASE 3

November, 1907, J. B. C., age 40.—Occupation switchman—fell under a train, both feet crushed so that double amputation was necessary, left leg crushed and was amputated at knee joint, right leg amputated four inches above the ankle. This patient had been a very intemperate man for many years, taking from a pint to a quart of whisky daily. He suffered profoundly from shock and as in Case 2, first urine examined revealed large quan-

tities of albumen and casts showing that he was a victim of chronic Bright's disease, although he appeared strong and husky previous to his accident. In this case also the flaps failed to unite and there was considerable sloughing. Patient rallied well from the shock but within a few days began to fail and in about two weeks developed uremic coma from which he died, proving that the alcoholic poisoning complicated by chronic nephritis makes a bad subject for major surgery.

## CASE 4

April, 1907, Mrs. W. T., age 35.—Married, mother of three apparently healthy children. This patient had suffered from tuberculosis of the right knee joint since the age of 16. The knee had been for many years ankylosed at nearly a right angle. About six months previous to the amputation she had received a heavy fall, bruising the knee and setting up inflammatory trouble. An abscess formed and caries of both femur and tibia went rapidly on. It was a question in this case between council and myself whether to do resection or amputation. The patient elected to have amputation, which was done at the middle third of thigh by the circular method. In this case there was no attempt of union in the flap and the tissues began to melt down rapidly around the end of the bone. The tuberculous process seemed to extend up the sheath of the femoral artery and gave evidence of danger of secondary hemorrhage. An Esmarch bandage was always at hand and extra vigilance on the part of the nurses was ordered. On one early morning about three weeks after the amputation secondary hemorrhage from the femoral artery occurred, and before it was discovered she had lost so much blood that all our efforts to save her were in vain. The result in this case leads me to think the

lymph channels were so infiltrated with the tuberculosis infection that it prevented any attempt at healing of the flaps.

## CASE 5

September 22, 1904, P. E., age 38.—While alighting from a passenger train he was drawn under the car wheels and both feet crushed. Patient was hurried to U. B. A. Hospital and as soon as he could be prepared, both feet were amputated by the circular flap method about four inches above the ankle. Patient rallied well from shock and stumps healed rapidly without any unpleasant complication. Patient is a furniture machine hand. He soon learned to use artificial feet and has been able to continue his occupation ever since, earning as much as he formerly did.

## CASE 6

February 28, 1902, patient, J. B., age 12. While playing about the train in the railroad yards he lost his hold on the car, fell in such a manner as to be drawn under the train crushing both legs. In this case the injury was so high up that it was necessary to amputate the left leg at the knee including the patella in the anterior flap. The right leg was amputated about four inches above the knee. This patient suffered tremendously from shock and for several days his life was in danger. He finally rallied, the flaps were rather slow in healing, and after several months in the hospital he recovered, and within a year began to wear artificial legs. He has since learned the cigarmakers' trade and is able to make a very good income. He walks by the aid of two canes and can get about almost as fast as any one.

## CASE 7

April 21, 1904, W. W., age 28.—While hanging on the ladder of a box car he was caught by the switch target and pulled from the car in such a manner that his left

arm was on the rail and the car wheels amputated the arm very near the shoulder. The muscles and skin were badly twisted and torn, and it was necessary to remove the small end of bone at the shoulder joint and use what little tissue left by the injury to close the stump. The main artery had to be ligated in the axilla and the skin covering was so short that it had to be stretched to cover the stump. Considering the serious nature of his injury, he made rapid recovery and within a month was discharged from the hospital.

## CASE 8

March 18, 1894, A. J. F., age 21.—This patient was jerked from the top of a box car and fell landing on his right knee on the rail, causing a compound, comminuted fracture of the femur involving the knee joint. The two condyles were split apart and there were many fragments, so it was deemed best to amputate at the middle third of thigh. Amputation was done by the circular method and healing was uneventful. Patient left the hospital at the end of four weeks, wears an artificial leg successfully.

## CASE 9

September 23, 1903, J. W. R., age 40.—This patient was run down at the railroad crossing, right leg was crushed involving the knee, amputation four inches above the knee by the circular method. Flaps united by first intention and patient was able to leave the hospital at the end of two weeks, which was the shortest time in healing of any case herein reported.

## CASE 10

May 17, 1905, J. N., age 27.—Left foot being crushed by car wheels. Leg amputated at middle third by the double flap method. Flaps united by first intention. Patient discharged from the hospital in three weeks.

## CASE 11

May 20, 1908, J. M., age 21.—While trying to board the pilot of a switch engine he fell in such a manner that his left foot was run over and crushed. Amputation four inches above the ankle by the double flap method. For some unexplainable reason, this case healed very slowly, although the usual care was shown in preparation. The flaps healed throughout about one-half by first intention, healing from either angle and remaining open at the center over the end of the bone, that space healing by granulation. The granulation seemed to be not healthy and twice it was necessary to curette in order to cause healing. He was in the hospital about ten weeks and when finally healed the stump was all that could be desired. He is now wearing an artificial foot and has resumed the duties of a railroad fireman.

GENERAL CONCLUSIONS DRAWN FROM THE  
ABOVE REPORT

First, as to the time to amputate, whether to wait if shock is present, or to amputate at once with a view to relieving the patient of the mangled member which is a cause for continuance of shock or to wait for reaction to take place. You will observe, I have in all the reported emergency cases operated as soon as the patient reached the hospital and could be properly prepared, though several of the cases were in extreme shock, and you will remember that three of the cases required double amputation of the lower limbs and one at the shoulder joint, still none of them died on the table but rallied well after the amputation.

All of them received the normal saline solution subcutaneously, also morphine and strychnia freely.

After the patient was prepared celerity on the part of operator and assistant was

used to expedite the amputation; both worked at one time to quickly secure the blood vessels and suture the flaps, thereby getting the patient off the table and into bed quickly.

As to the method of circular or flap amputation that was governed by circumstances. Endeavor to save an inch or two length of stump would never induce me to use mangled or infected tissues for my flaps. I have preferred to go high enough to avoid danger of sloughing or necessitating re-amputation, and in leg amputations where the feet were crushed, I believe a stump three or four inches above the ankle affords a better bearing for an artificial foot than one at the ankle, as you there have more muscle to use in the flap and thereby get a better covering for end of bones.

In text-books much has been said about making the flaps of unequal length, so as to avoid the scar coming over the center. My experience has taught me that this is of minor significance for the reason the artificial limb goes outside the stump like a socket, and is open at the bottom, con-

sequently it does not bear on the end of the stump.

In amputation of the fingers and thumb the palmer flap should be the longer as the cicatrix in this case should not be subject to friction.

As to the necessity of drainage it was at one time my custom to leave a small drainage tube under the skin flap, removing it at the first dressing or about the second day. I now place a few strands of catgut in either angle of the flaps which gives ample exit for serum and can be left in longer without delaying a prospective primary union.

I believe damage is frequently done by the Esmarch bandage by applying it too near the field of operation and too tightly, thereby causing vasomotor paralysis and anemia of the stump which leaves the flaps so poorly nourished as to cause failure of primary union and sometimes causing the flap to subsequently slough.

Hoping the report of cases and the few ideas I have gleaned from personal observation may lead to discussion, I shall feel I have not written in vain.

## LANDMARKS IN THE DIAGNOSIS OF INCIPIENT CONSUMPTION\*

ELMER F. OTIS, M. S., M. D.

Battle Creek, Michigan

It is my purpose to present only an outline of the essential signs and symptoms to be observed in diagnosing early pulmonary tuberculosis. These, well borne in mind, would be of far greater value than many unclassified observations. It is of great importance to make the earliest possible diagnosis in every case. The prospects of

a recovery decrease in alarming ratio as the case advances by months or weeks and even by days. Really the best time to diagnose such a condition is even before it begins.

(I) THE SIGNS AND SYMPTOMS THAT ARE NOT POSITIVELY DIAGNOSTIC.—(1) The family history. (2) The cough. (3) Expectoration. (4) Night sweats. (5) The diaphragmatic excursions. (6) The so-

\*Read at the Forty-fourth Annual Meeting of the Michigan State Medical Society, at Kalamazoo, Sept. 15 and 16, 1909.

called "phthysical chest." It would be very interesting to discuss each of these separately as undue importance seems to be laid upon them by the profession generally. Perhaps our eyes have even been blinded somewhat to those more essential and diagnostic features. Even a hemorrhage, though when found in the later stages is diagnostic, yet it, too, may be associated with other causes, though this is exceedingly rare. This seems to be a blow at the very foundation of our ideas as to tubercular manifestations.

It is even said by some authorities that "comparatively slight importance attaches to inspection, palpation and percussion in very early cases, though careful and special auscultation cannot be underrated."

(II) THE UNCERTAIN FACTORS THAT ARE PERHAPS GIVEN UNDUE IMPORTANCE ARE: (1) Dull areas upon percussion. (2) Cavernous resonances. (3) Hectic flushings. (4) One or two negative sputum examinations. (5) X-ray examination. (6) History of excesses in vital and procreative functions; or the varied vices.

(III) Now we come to the *Few Findings* that must determine the REAL DIAGNOSIS. (1) Demonstration of tubercle germ in feces and sputum or in a (possibly) early hemorrhage. (2) The spasmodic fluctuations in vasomotor phenomena or bodily temperature. (3) History of ailing health with loss of weight and appetite,—for reasons otherwise unaccountable. (4) The rapid and irritable heart even when the patient is at rest. (5) Anemia without leucocytosis, but strong tendencies to blood dyscrasias, such as hemorrhages, nosebleed, disorders of menstruation and vasomotor disturbances. (6) Eye and percutaneous tuberculin tests of real but debatable merit. (7) Last but not least, auscultatory findings of which I shall speak later.

The above points cannot be analyzed without due consideration of the fact that

we are dealing with vital phenomena in all its modes—and moods—if not its tenses. The following few points are to be especially borne in mind by those of us who would expect to obtain definite data upon which to base our diagnosis, and also the prognosis. Many of these cases have never even suspected the remote possibilities of tubercle infection. Especially would I emphasize the importance of noting any irregularities of râles and resonance in a lung having no history of active organic changes.

Then last and most important of all come the fine crackling râles, or auscultatory clicks at the end of an inspiration followed by a pause and a slight hacking cough. Expressed by others as "very fine, moist bubbles or semi-dry clicks," occurring at the very end of inspiration. As even forced breathing often fails to elicit these it is highly important to supplement it by the pause and the slight hack, in order to be assured of the presence of these adventitious diagnostic sounds.

I may be pardoned for adding a few possible errors that may creep in unless thoughtful attention is given to the interpretation of the physical findings. Upon *percussion*: (1) A consolidated lung or a cavity formation cannot be detected unless at least  $1\frac{1}{2}$  inch in diameter, and lying near the surface of the lung. Deeper seated areas in order to be detected must be proportionately larger. (2) Relative differences in dullness must be guardedly interpreted. They may be due to atomical peculiarities or cardio-vascular conditions. (3) A dull area may sound tympanitic when percussed over a cavity or a bronchus. (4) Increased resonance usually accompanies emphysematous invasions, but when the tension becomes *very* great it may become of an absolutely dull pitch. (5) A cavity filled with fluid or detritus may be interpreted as a consolidated area. (6)

Compensatory conditions may mask an apparent consolidated cavity or emphysematous area.

As to *auscultatory* precautions, I may suggest: (1) Cavity connections with the larger air channels greatly increase the pitch of the voice sounds as also when a consolidated area intervenes between the stethoscope and a bronchus. (2) Plugging of an air passage with mucus, etc., greatly deadens the natural breath sounds. This is true whether the outlying lung conditions are normal, consolidated or cavernous. (3) When a distal lung area has open communication with the trachea then the natural pitch of the respiratory sounds is relatively increased. (4) A *close study* of râles is the most important aid to a definite understanding of the

condition of the underlying tissue.

In conclusion I would again emphasize the great importance attached to that peculiar sound previously mentioned. The sounds are characteristic and definite, and usually found only after an inspiration and a pause. I have found this strong point also made by Dr. Lawrason Brown, of the Adirondack Cottage Sanitarium for tubercular patients, located near Saranac Lake, N. Y., to be of very great aid in making an early diagnosis. In fact, I attribute the success of my diagnoses in recent years to a careful study of a few details in preference to a comprehensive analysis of all the considerations that might be brought forth by a professor before his class of medical students on practice.

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## EMERGENCY SURGERY\*

H. B. GARNER, M. D.

Traverse City

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American practice of surgery has had three distinct periods of development, each of which was characterized by conditions sufficiently marked to constitute an era in the history of its evolution.

The first period extended from the settlement of this country to the organization of medical schools, and may be called the primitive era. During this period there were but few surgeons who had been qualified to practice by a systematic course of education, for to obtain such an education required an attendance upon foreign schools, and few students of that time had means necessary for such an undertaking. To meet existing conditions the future practitioner was compelled to

become an apprentice to a practicing physician and read medicine and surgery in his office. There were a few surgeons in the latter years of this period who had graduated from foreign schools, whose practice was of a high order for that time but their practice was along lines taught in the schools of London and Edinburgh.

The second period extended from the establishment of medical schools in this country to the introduction of anæsthesia and antiseptics in surgical practice (1846-72) and may be called the formation era. During this period the foundation of a distinctly American practice of surgery was laid by the organization of medical schools in which the future practitioners of

\*Read before the Grand Traverse County Medical Society Jan. 4, 1910.

surgery in this country were to obtain a competent education.

The two discoveries, anæsthesia and antiseptics, during this period swept away the long-established metes and bounds of the field of operative surgery and made it as limitless as are the diseases and injuries of the human body.

The third period (which is now passing) may be called the practical period or era; the surgeons of today are making the history of this period. The evolution of American Surgery began with the first organized efforts to give the medical students of this country systematic instructions for the purpose of fully qualifying them for practice (1765-67). American surgery has always been characterized by a freedom of thought, a promptness of action, and an affluence of resources quite unusual in British practice.

In 1765 the medical department of the college of Philadelphia was organized, chiefly through the efforts of Dr. John Morgan and Dr. William Shippen, Jr. This was a great step forward in the advancement of surgery and medicine in this country. During this period the advances in diagnosis and treatment have rendered necessary a new surgical literature and many excellent books have appeared, but most of them exhaustively discuss the more serious surgical conditions while minor surgery, which forms the bulk of surgical practice, is nearly lost sight of. Remember, this neglected field of minor surgery is the only one into which the average practitioner will ever enter, and is also the one in which most surgeons will find the majority of their patients. What wonder, then, that the physician, untaught and unread in minor surgery, fails to achieve good results, and that more poor surgery is performed upon the hand than upon the organs of the abdomen. In every case of suppuration in

the hand, unless it is evident that the case is one in which the pus cavity is situated within or just beneath the skin, a general anæsthetic should be given and the parts rendered bloodless by elevation of the arm and application of a tourniquet around the upper arm. The following simple suggestions relative to infected fingers and hands, may be of some value in this class of surgery:

1. The incision should be made through the point of infection, giving free drainage.
2. Never hunt for pus with a probe in this portion of the body, as it may spread infection.
3. If a tendon sheath is exposed and found not distended with purulent or sero-purulent fluid, it should not be incised; but if found infected with these fluids, should be freely drained.
4. If the whole tendon sheath is distended with pus it will be necessary to drain its upper end. Incisions for this purpose in case of the index, middle and ring fingers should be made in the palm of the hand directly over the tendon involved.
5. If pus is secreted about or in the joint of a finger, pressure on the end of the finger will give rise to pain, while if the pus is in the sheath of the tendon the same pressure will cause little or no pain.
6. The tendon should never be laid open from end to end, as this procedure is almost certain to cause sloughing of the tendon.

One word in regard to palmer suppuration: The tendon sheath lies beneath the palmer fascia and this limits the swelling of the palm. On the back of the hand there is no such thing as fibrous tissue to limit swelling, and it sometimes happens that the back of the hand will be more swollen than the front, although the suppuration may be wholly confined to the space between the meta-carpal bones and the

palmer fascia. One should not be misled by the swelling into making a posterior incision. In case the suppuration involves the tendon of the thumb or little finger the situation is much more complicated, since these tendon sheaths usually extend to the wrist. In these cases three incisions may be necessary to afford sufficient drainage (1st, digital; 2d, palmer; 3d, incision in the wrist). If the radial artery is exposed to drainage, better ligate in two places and divide, otherwise its wall may become eroded and fatal hemorrhage result. I would like to call your attention to the nature of emergency as well as all kinds of surgery, during the period when anæsthetics and anæsthesia were unknown to the medical profession. Imagine yourself confronting a badly lacerated limb without the use of antiseptics or anæsthesia, what kind of a result would you figure on? Consider the vast improvement in surgical technique of all classes of surgery since the use of antiseptics and anæsthesia.

As this paper is to deal with emergency surgery, I would say that this special line of surgery will call for the same careful study, good judgment and conservatism that marks the success of any surgeon along any line; the immediate control of hemorrhage in all accident cases is imperative, after this is accomplished, take a complete inventory of your case and ascertain your patient's exact condition. If you find the patient suffering from shock, be careful and do nothing that will add more shock; in other words, never amputate a member when the patient is suffering from severe shock, for by so doing you simply add shock upon shock and can you expect good results from such treatment?

Always examine the patient carefully and especially in gunshot wounds. In gunshot wounds of the thigh near the hip,

always bear in mind the possibility of injury to the femoral artery high up, while perhaps the hemorrhage has been supposedly checked by placing a tourniquet above the injury yet not once thinking of the possibility of an opening high up in the femoral and blood constantly filling the abdomen, and the patient slipping quietly into the jaws of death. This is only one of many and is given solely for the purpose of impressing upon you most forcibly the need of taking into consideration every detail of the injury.

Be scrupulously clean about your work. Remember that soap and water are cheap and can be procured even in the poorest homes of those living in the rural districts. In cases of subcutaneous rupture, punctured and gunshot wounds of the stomach and bowels, nothing short of the most prompt interference may save the patient. The abdomen should be opened in the medium line and a careful search made for the site of injury. The wound is repaired by suture and the abdominal cavity carefully cleansed. Never flush the cavity but wipe gently yet thoroughly until you are convinced that the affected part is clean. Delay not only imperils the patient's life by permitting infection to take place from the extravasated contents of the stomach or bowels, but renders the operation more difficult owing to the presence of distended coils of intestine.

In Ectopic gestation, rupture of the tube is the most common termination of the pregnancy, and it is directly due to over distention of the tube by the growing ovum and to weakening the tubal walls by penetration of the villi. The rupture may take place in one of three directions: 1st. Into the abdominal cavity. 2d. In between the folds of the broad ligaments. 3d. Into the uterus. At the time of rupture or abortion the symptoms upon which a diagnosis is based are clas-

sified as follows: 1st. Careful study of previous history. 2d. Sudden acute excruciating pains over the lower abdomen and in the affected side of the pelvis which are followed by shock and collapse with symptoms of internal hemorrhage. Objective Symptoms.—1st. Presence of the enlarged tube. 2d. Hypertrophy of the uterus and softening of the cervix. 3d. The presence of free blood in the pelvis or a broad ligament hematoma.

TREATMENT—The indication is to operate in every case without unnecessary delay. We must not wait for reaction from collapse or shock to set in before operation as the patient may perish in the meantime from loss of blood. I am well aware of the advantages to be gained by not operating during the collapse if it can be avoided, but we must remember that the case is one of internal hemorrhage, and hence the danger of delay offsets all other considerations. Remember our sole object must always be the safety of the mother, as the child has no claim whatever to be considered even in those very rare cases in which gestation continues until viability is reached. If the rupture occurs between the 4th and 12th week, the entire tube should be removed but the ovary should not be extirpated unless it is diseased or extensively adherent prior to the end of the 4th month. The entire sac may usually be extirpated without causing uncontrollable hemorrhage, and consequently the placental circulation in cases in which the fetus is living does not

materially complicate the operation. In cases where the fetus is living after the 4th month it is almost impossible to remove the placenta without causing an uncontrollable hemorrhage.

If the fetus dies the placental circulation becomes obliterated by thrombi and at the end of fourteen days the vessels are completely obliterated, and consequently at end of three or four weeks from this time the placenta can be separated from its attachments with but little danger of hemorrhage at the time of operation.

In case of living fetus, after opening abdomen the sac is incised, fetus removed, cord ligated as close as possible to placenta and cut away, the sac is now stitched to lower edges of abdominal wound, cleansed with gauze sponges and packed with strip of plain sterile gauze, which should be removed in 48 hours and glass drainage tube substituted which is kept in position until the sac becomes obliterated. At the end of two weeks the placental circulation ceases and the placenta gradually comes away piecemeal, and when all is removed sac closes. Be careful and not separate the placenta, for if such an unfortunate accident happens it is apt to be followed by uncontrollable hemorrhage and death.

No physician can properly be given the title of surgeon without a thorough knowledge of anatomy and general medicine, combined with conservatism and the long use of the gift of reason.

#### DRESSING AFTER CIRCUMCISION

The best dressing for the glans after circumcision is the most simple, viz., an abundance of petrolatum, from one-half to one ounce, smeared over the center of a large piece of absorbent cotton and laid lightly over the organ in such a manner that the glans will be imbedded in and entirely surrounded with a liberal

supply of the emollient. The whole held in place by the diaper.

If this dressing is conscientiously changed as often as it becomes wet there will be no adherence of dressings to or cracking or bleeding of the glans; healing will be expedited and the maximum amount of comfort to the patient secured.

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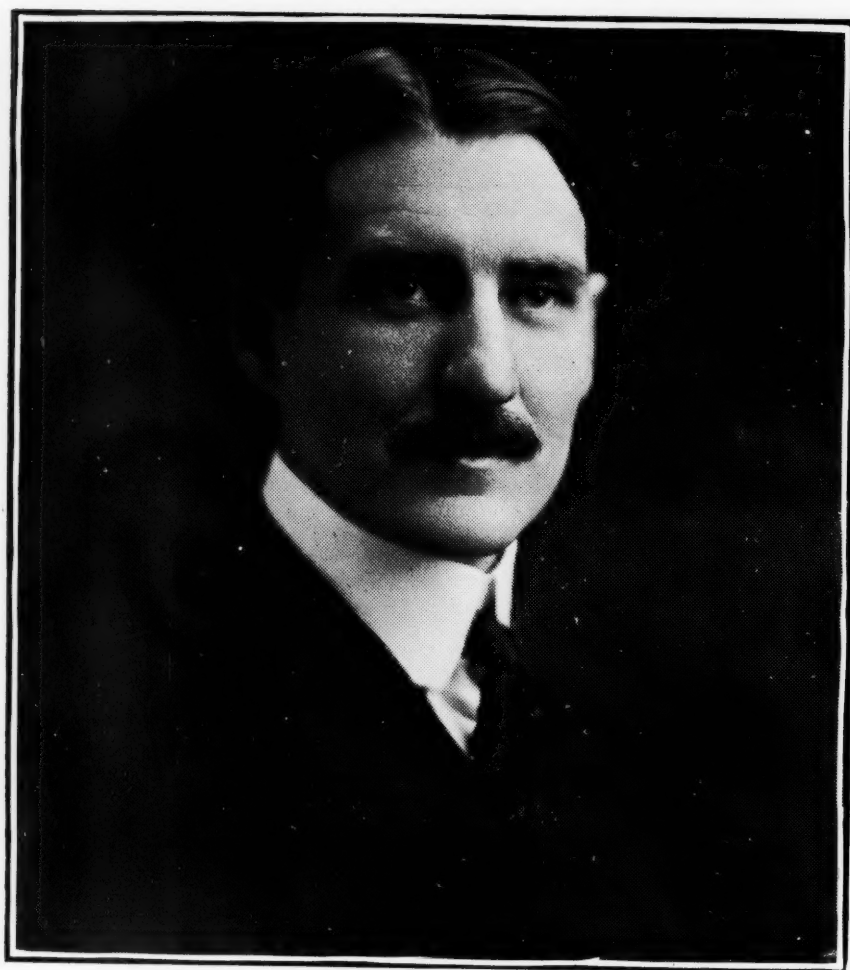
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## The Journal of the Michigan State Medical Society

All communications relative to exchanges, books for review, manuscripts, advertising and subscriptions should be addressed to Wilfrid Haughey, A. M., M. D., Editor, 15 East Main Street, Battle Creek, Michigan. The Society does not hold itself responsible for opinions expressed in original papers, discussions or communications.

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MARCH

### EDITORIAL

#### DOCTOR SCHENCK RETIRES

Benjamin Robinson Schenck, A. B., M. D., was born in Syracuse, N. Y., Aug. 19, 1872. He prepared for college at the Syracuse High School, and received the degree of A. B. from Williams College in 1894. His medical degree he received from Johns Hopkins University, 1898, after which he served as interne in the Johns Hopkins Hospital, 1898-1899.

He was appointed Assistant Resident Gynecologist in Johns Hopkins Hospital in 1899, and served there until 1901 when he spent a year studying in Germany, returning to the Johns Hopkins Hospital as Resident Gynecologist and instructor in Gynecology in the University, which position he held until the summer of 1903 when he located in Detroit.

In January, 1906, he was elected secretary of the Michigan State Medical Society, and editor of the JOURNAL, retiring in January, 1910, because of his largely increasing private practice which is constantly demanding more and more of his time.

Dr. Schenck has taken an active part in medical matters in Michigan, being secretary of the Gynecological Section when elected to the office of Secretary-Editor, and we bespeak for him long years and a prosperous and successful practice.

**Prefatory**—This issue of the JOURNAL is the first under the new editorial manage-

ment, and the first printed and published outside of the city of Detroit. The sole purpose and desire of the new editor will be to maintain the JOURNAL in the high place it has earned in Medical Journalism, and to keep it representative of the best there is in Michigan medicine. Whatever changes of makeup or policy may develop will be determined by the individuality of the editor, consultation with the Publication Committee of the Council, and the exigencies arising from time to time. The JOURNAL was established to serve the members of the Michigan State Medical Society, and the constant aim of the editor will be to carry out that purpose as indicated by honest criticism and suggestions. We court and desire such criticism, for through it must we learn the wishes of our readers and thus shape our editorial policy.

**Payment of Dues**—We wish to call the attention of all our readers to Chapter IX, Section 10, of the By-Laws of the Michigan State Medical Society, published in this issue. This section provides that members in arrears for dues after June 1, of any year, shall not be defended in any suit the cause of action of which arose while in arrears. Further, the United States Postal Regulations require that subscribers to any periodical enjoying second-class postal rating, must not be carried more than six months after their subscription expires. Since the fiscal year of our State Society, and of the JOURNAL is the calendar year, our readers will readily see the advantage, almost the necessity, of prompt payment of dues.

**Sporotrichosis Schenckii**—We wish to call special attention to the article with the above heading under the department of Dermatology and Syphilis. The Schenck there referred to is the retiring editor of this JOURNAL.

## IN MEMORIAM

Dr. John R. Bailey died at Fort Smith, Ark., Jan. 12, 1910, aged seventy-seven. He graduated Doctor of Medicine at Michigan University, March 30, 1854. He immediately settled at Mackinac Island, remaining there during his entire life. His appointment as surgeon to the United States Army Post and physician to Indian Agency, determined his choice of location. His army connection continued off and on during the life of the Mackinac Army Post. During the Civil War he was surgeon of the Eighth Missouri and served on the staff of General Sherman with rank of brevet Lieutenant-Colonel. He was a member of the Upper Peninsula Medical Society and the Michigan State Medical Society. He served as a park commissioner of Mackinac Island and did much to enhance its natural beauty. From his long familiarity with the evolution of the island he was an authority thereupon as is shown in his book on Mackinac, through its nearly three hundred pages. His close connection with the army post made him a cyclopedia thereupon; and his four years' service in the Union Army during the Civil War made him a storehouse of the facts enacted during Sherman's maneuvers. His appearance was striking, said to resemble the poet Walt Whitman.

Dr. James Mulhern, a pioneer physician of northern Michigan, honorary member of the Michigan State Medical Society and only honorary member of the Kent County Medical Society, passed away February 9th at his home in Grand Rapids.

Dr. Mulhern was born near Belfast, Ireland, sixty-six years ago. His father, the Rev. Dennis Mulhern, being the representative of the London Baptist Association and

having general supervision of all the Baptist churches in Ireland. The Doctor came to this country with his father and family when eight years old. He began the study of medicine at the University of Michigan in 1865 when the faculty was composed of such eminent and capable medical authorities as Professors Gray, Palmer and Gunn. After completing two years at the university he finished his course at the Detroit College of Medicine, graduating with the class of 1870. After graduation he was associated for a short time with Dr. McGraw, the present dean of the faculty, and then struck out for himself in the then pine wilderness of northern Montcalm county. It was a time and place for prompt and extreme measures in the practice of his profession and many were the lumber boys whose mutilated flesh was stitched with coarse sewing thread or, when that luxury was not at hand, even pink twine from some bystander's pocket. His supply of silk thread was exhausted and he had no antiseptic, but some way the patients always pulled through without any serious results. The Doctor practiced in Montcalm county until 1882 when he came to Grand Rapids, being prominent in the State Medical Society, and surgeon of the old Detroit, Lansing & Northern Railroad for several years.

After moving to Grand Rapids he continued the active practice of his profession until first stricken with his fatal illness nearly ten years ago. He is survived by his widow and one son, Wm. D. Mulhern, an attorney in Grand Rapids.

Dr. Mulhern was a kind, amiable, intelligent man of high moral character and good education. His professional ability, excellent principles and honorable dealing endeared him to his patients and commanded unbounded respect among his fellow practitioners. Diabetes was the cause of death.

# MINUTES OF THE MEETING OF THE COUNCIL, MICHIGAN STATE MEDICAL SOCIETY

January 12-13, 1910.

The Annual Meeting of the Council of the Michigan State Medical Society was called to order by Chairman Dodge at Hotel Cadillac, Detroit, at 2:00 p. m., Wednesday, Jan. 12, 1910.

Present: Chairman Dodge, Councilors Biddle, Bulson, Rockwell, Spencer, Hume, Kay, Seeley, McMullen, Baker, Ennis, Haughey; also President of the State Society Carstens, State Secretary Schenck and Treasurer Anderson.

Absent: None.

The Minutes of the last meeting were read and approved without correction.

Under the head of communications the Secretary read a letter received from Dr. Tibbals, Chairman of the Medico-Legal Committee, stating that Dr. Taylor, of Jackson, desired to make an appeal to the Council and wished to be heard as early as possible.

Secretary also read a communication from Dr. Willis S. Anderson who desired not to be considered a candidate for re-election as treasurer.

The Chair announced the resignation of Dr. Willson, Councilor of the 8th District, and the appointment of Dr. Wm. J. Kay, of Lapeer, to complete his unexpired term, and requested Dr. Kay to act on all committees on which Dr. Willson was serving.

The Report of the Secretary-Editor was read by State Secretary Schenck.

On motion the report was accepted and that portion referring to blanks for receipts to members and all having to do with County Society matters was referred to the Committee on County Societies. So much as had reference to Finance to the Committee on Finance. That portion relating to the Journal, and in regard to Annual Meeting and Incorporation of the Society to the Publication Committee.

The Report of the Treasurer was read by Dr. W. S. Anderson.

On motion the report was received and referred to the Committee on Finance.

Moved by Councilor Biddle that we now take up the order of considering appeals from County Societies. Supported and carried.

Dr. E. C. Taylor, of Jackson, made the following appeal:

"TO THE COUNCIL OF THE MICHIGAN STATE MEDICAL SOCIETY

"Gentlemen:

"At a so-called meeting of the Jackson County Medical Society held Sept. 21, 1909, the following action occurred:

"The question of the Jackson County Medical Society and its members, availing itself of the privileges of the plan of Medical Defense, as adopted by the House of Delegates, Sept. 16, 1909, was brought up for consideration. Dr. Langford as chairman of a committee on this subject, made a report adverse to the County Society participating in this privilege. With this report he presented a paper which purported to have been circulated and to have been signed, which paper had the following heading:

"September 21.

"In accordance with the amendments relative to Medical Defense, which were made a part of the by-laws of the State Society at the annual meeting at Kalamazoo, we, the undersigned members of the Jackson County Medical Society, elect not to participate in the plan of Medical Defense offered in said amendment."

"It was stated that this paper had been signed by a majority of the members of the Society. On the report so made Dr. Langford moved that the 'report of the Committee be adopted, the documents placed on file, the vote be made the ballot of the Society and the committee be discharged.'

"In the face of many protests on the part of members of the Jackson County Medical Society that this paper be not considered as a ballot, and that it should not go upon the minutes of the meeting, the Chairman declared the motion carried, thereby recognizing this paper as the ballot of the Society regardless whether the members who signed it were present or not.

"It is my contention that this proceeding by the Jackson County Society referred to is void; that the vote is without legal effect as recording the sentiment of the members of that Society on the subject matter referred to. Inasmuch as my rights under Section 2, Chapter VII of the By-Laws of the Society are seriously affected by this action, and inasmuch as by this illegal vote I may be deprived of the privilege of medical defense which the State Society has decided to accord to its members,

"I desire to appeal to your Honorable Body and ask you to consider and pass upon the ques-

tion as to the validity of this vote as involving my rights as a member of the Jackson County Society, and also my rights as a member of the State Society, and I base my appeal on the following grounds:

"*First.* The Committee who circulated and attempted to obtain signatures to the paper referred to did so without the authority of the Jackson County Medical Society.

"*Second.* That the paper above referred to, which was declared a ballot, was never intended by the signers thereof to be used as registration of their vote at any meeting of the Jackson County Society; that it was nothing more than a temporary expression of opinion, brought about by unauthorized solicitation; that many of those who signed had on consideration of the subject changed their views and would not have voted in the manner in which their vote is attempted to be recorded, as above stated.

"*Third.* That there was no opportunity for negating votes, and that such members as were known to be favorable to the defense plan were not offered the opportunity to vote at the meeting at all.

"*Fourth.* That the so-called ballot contained names of persons who are not even members of the Jackson County Medical Society or of the State Society.

"*Fifth.* That non-resident members' names had been signed by the Secretary of the Society without a proper proxy and without any proxy at all.

"*Sixth.* That a large number of the signers of the paper referred to did not intend when they signed such paper to be recorded as voting against the plan, and were not told that their signature was to be so regarded, but many members signed only to bring the matter before the meeting in a proper form for discussion and education on the subject.

"*Seventh.* That one of the signers to the paper, at least, objected in the open meeting to the paper being used or recorded as his vote.

"*Eighth.* That the vote as attempted to be recorded, did not truly, properly and legally represent the sentiment or opinion of the majority of the members of the Jackson County Society.

"For the reasons above stated and because the rights of many members of the Jackson County Society have been affected by the recording on the records of that Society of an illegal vote, I ask your Honorable Body's consideration of the subject. E. C. TAYLOR."

Dr. Tibbals read the following opinion submitted by the firm of Bowen, Douglas, Whiting & Eaman, giving an interpretation of Chapter VII, Section 2, of the Constitution of the Michigan State Medical Society:

"Jan. 5, 1910.

"DR. F. B. TIBBALS,  
Chairman Medico-Legal Committee,  
Michigan State Medical Society.

"Dear Sir:

"We are asked for an opinion based upon facts, as we understand them, as follows:

"Under the constitution and by-laws of the Michigan State Medical Society, the members of that Society are made up of the members of the Component County Medical Societies. The Jackson County Medical Society is one of these Component County Medical Societies.

"The Michigan State Medical Society has in behalf of its members adopted a plan of Medical Defense, which is outlined in a circular. By means of this plan the right or privilege is extended to each member of the State Medical Society of availing himself of this plan of defense. The plan so adopted has been made a part of the by-laws of the State Society.

"At a meeting of the Jackson County Medical Society it is claimed that a vote was taken and recorded electing not to participate in the plan of Medical Defense offered by the amendment to the By-Laws of the State Society. When this question came to a vote, as we understand it, the vote was not declared upon the members present. Prior to the meeting a paper had been circulated and signed, having the following heading:

"September 21.

"In accordance with the amendments relative to Medical Defense which were made a part of the By-Laws of the State Society at the Annual Meeting at Kalamazoo, we, the undersigned members of the Jackson County Medical Society, elect not to participate in the plan of Medical Defense offered in said amendment."

"This paper was signed by a large number of the members of the Jackson County Society, and as we understand, by a majority. At the meeting referred to the Chairman of a Committee apparently appointed to consider the matter, made a report recommending in effect that the Society do not participate in the plan of Medical Defense referred to. After reading the report the Chairman moved,—

"That the report of the Committee be

adopted, the documents placed on file, the vote be made the ballot of the Society, and the Committee discharged.'

"The 'vote' referred to in this motion, as we understand it, was the paper which had been circulated as above referred to, and which by this motion, without the presence of the signers of the paper, or at least a majority of them, it was sought to have declared a ballot. Protests were made by several members against having the paper referred to used as a ballot for voting purposes; and it is claimed and asserted that the so-called ballot or vote by which it is claimed the Jackson Society decided not to participate in the privilege of Medical Defense, was illegal; that it did not properly or in an orderly or legal manner record the sentiment of the members of the Jackson County Medical Society; and that this action so denying the privilege of Medical Defense to the members of the Jackson County Medical Society, who are members of the State Society, is void.

"Under the plan of organization of the State Medical Society, the counties of the State are divided into twelve Councilor Districts. A councilor is elected from every one of these districts, and the twelve so elected constitute the Council of the Society. In the Council so elected are vested certain powers defined in the by-laws. One of the powers so conferred is the consideration of 'all questions involving the rights and standing of members, whether in relation to other members, to the Component Societies, or to this Society.'

"The question arises, and concerning this we are asked an opinion, as to whether the Council, as so composed, under the by-laws of the Society, and under the powers bestowed upon it as a body, can consider and pass upon the question when presented to it in proper form by a member of the Jackson County Medical Society, taken in the manner above stated, as a binding action upon the members of the State Society, who are members of the County Society and whether such action is a valid or legal recording of the vote of the Jackson Society against the plan of Medical Defense as offered.

"It is our opinion that the Council of the State Society under the by-laws as promulgated has power to entertain an appeal made to it by any member of the Jackson County Society whose rights are necessarily affected by the so-called vote, to consider whether the vote so taken was properly or legally taken, and whether it is binding in any way as affecting the rights

of the members of the Jackson Society to participate in the privileges accorded through the plan of Medical Defense as proposed.

"As we view it, the action of the County Society in accepting a paper as ballot which was never intended to be a ballot, or used as such, and which had no force either as a proxy or even as an expression of opinion to be used at the meeting in question, was illegal and void and inasmuch as this action clearly affected the right or privilege of a member of one of the Component Societies, both in relation to that Society and to the State Society, the question of the validity of that vote is a proper question for consideration under Section 2, Chapter VIII of the By-Laws by the Council of the State Society at a meeting duly and properly called.

"We do not deem it necessary to consider any question affecting the right to appeal to the individual Councilor in the District in which the local Society is situated. Under Chapter XIV, Sections 6 and 7, for certain reasons therein set forth, a member of the local Society may apparently appeal to the local Councilor, and it is provided in Section 7 that in hearing such appeals oral or written evidence may be admitted as will best and most fairly present the facts. But in our opinion, the sections last referred to are not pertinent to the subject concerning which this opinion is rendered.

"Very truly yours,

"BOWEN, DOUGLAS & EAMAN."

Moved by Councilor Biddle that the matter of the appeal of Dr. E. C. Taylor be referred to the Committee on County Societies for report at the earliest possible moment.

Supported by Councilor Spencer and carried.

Recess declared until four o'clock.

Council called to order at 4 p. m. with all present.

As nomination of candidates for the position of Secretary-Editor had been made a special order of business for four o'clock they were now declared in order and were called for by Councilor Districts.

*District No. 1.*

Dr. Herbert Rich, Detriot, nominated by Dr. David Inglis; Dr. Walter J. Wilson, Jr., Detroit, nominated by Dr. James E. Davis.

*District No. 3.*

Dr. Wilfrid Haughey, Battle Creek, nominated by Dr. A. W. Alvord.

*District No. 5.*

Dr. Frederick C. Warnshuis, Grand Rapids, nominated by Dr. D. Emmet Welch.

*District No. 7.*

Dr. Daniel Conboy, Bad Axe, nominated by letter.

*District No. 11.*

Dr. Vernon C. Chapman, Muskegon, nominated by Dr. Geo. S. Williams.

Moved by Councilor Hume that the taking of a vote for the position of Secretary-Editor be made a special order for ten o'clock, Thursday morning, Jan. 13, 1910.

Supported by Councilor McMullen and carried.

The Chair called for the report of Committee on County Societies in regard to the appeal from Jackson County.

Councilor Haughey, Chairman of the Committee, read the following report:

"TO THE COUNCIL OF THE MICHIGAN STATE  
MEDICAL SOCIETY

"Your committee, to whom was referred the appeal of Dr. E. C. Taylor, asking this body to consider and pass upon the question as to the validity of certain proceedings of the Jackson County Medical Society, the validity of which is questioned by him, and which he claims involves his rights as a member of the Jackson County Society and also his rights as a member of the State Society, begs leave to report as follows:

"The questions presented by this appeal appear to be:

"1. Whether this body has jurisdiction and authority to consider the appeal, and,—

"2. Assuming that this body has such authority under the Constitution and By-Laws of the Michigan State Medical Society as to whether the proceedings taken by the Jackson County Medical Society affect the rights, within the meaning of the constitution and by-laws, of the member claiming this appeal, and if so, whether the action taken by the Jackson County Society was legal, and is valid and binding upon its members;

"It is our opinion, and we so report, that under the Constitution and By-Laws of the Michigan State Medical Society this Council has full authority to consider and pass upon the questions here involved.

"Through action taken by the State Medical Society its members, which include the members of the County Societies, have been accorded certain privileges and rights of the Medico-Legal

League Fund created under the plan of organization adopted by the State Society as a part of its by-laws. This right, so accorded, a member cannot be deprived of except by a majority vote of all the members of the constituent County Society of which he is a member, voting not to avail themselves of this privilege.

"We have reviewed the facts submitted to us including the action taken by the Jackson County Society by which it is claimed that that Society elected not to avail itself of the privilege referred to, and are of the opinion that the proceedings of the Jackson County Society in which it is claimed that this vote was taken are invalid, and that the vote was improperly taken and had no binding force upon any member of that Society, and that inasmuch as by the vote so claimed to have been taken, it is sought to affect the rights of the member appealing, it is a proper question for consideration by this Council under Section 2, Chapter VIII of the By-Laws of this Society.

"It is our opinion, therefore, that no legal or valid vote has been taken by the Jackson County Society on the question referred to.

"Respectfully submitted,

W. H. HAUGHEY,  
A. H. ROCKWELL,  
C. J. ENNIS,  
A. E. BULSON."

Moved by Councilor Biddle that the report be accepted and adopted.

Supported by Councilor McMullen and carried.

Moved by Councilor Biddle that the Secretary of the Council be instructed to transmit a copy of this report to the Secretary of Jackson County Medical Society, with the request that a copy be mailed to every member of Jackson County Medical Society without delay.

Supported by Councilor Bulson and carried.

The following resolution was offered by Councilor Haughey who moved its adoption:

'Resolved, That it is the sense of this Council that as our Constitution makes no provision for votes by proxy such votes are not legal; that no member has a right to vote by proxy in any county society."

Supported by several and carried unanimously.

Moved by Councilor Bulson that a copy of this interpretation of the status of proxy votes be also furnished the Jackson County Medical Society.

Supported by Councilor Biddle and carried.

Moved by Councilor Biddle that the Secretary transmit to Dr. Willson, of Port Huron, by telegram or letter the sincere sympathy of the Council in his affliction in the illness of his wife, and in the loss we sustain in the lack of his membership.

Supported and carried.

President Carstens suggested that as the society was now financially able, three or four stenographers be employed at the next annual meeting of the Society, one for each of the sections and one for general business.

Moved by Councilor Haughey that the Council recommend that a sufficient number of stenographers be employed to attend the next meeting of the State Society to take care of the section work and all work of the Society.

Supported by Councilor Rockwell and carried.

The following nominations were made for Honorary Membership in the State Society:

#### RESIDENT HONORARY MEMBERSHIP

Dr. H. B. Landon, Bay City, nominated by Councilor Baker.

Dr. Geo. H. Williams, Bay City, nominated by Councilor Baker.

Dr. James Hueston, Ypsilanti, nominated by Councilor Biddle.

#### NON-RESIDENT HONORARY MEMBERSHIP

Dr. Geo. Dock, New Orleans, nominated by Councilor Baker.

Moved by Councilor Hume that we adjourn until nine o'clock Thursday morning. Supported and carried.

JANUARY 13, 1910.

The council was called to order by Chairman Dodge at 9:00 a. m., Thursday, Jan. 13, 1910.

Present Chairman, Dodge, Councilors Biddle, Bulson, Rockwell, Spencer, Hume, Kay, Seeley, McMullen, Ennis, Haughey, President of the State Society Carstens, State Secretary Schenck, and Treasurer Anderson, Councilor Baker coming in later.

Councilor McMullen, Chairman of the Committee on Finance, made the following report:

"Your Committee on Finance begs to report that we have checked up the books of the Secretary and Treasurer and find everything corresponds, and recommend that the little discrepancy of \$1.30 which has been carried for a number of years on the books of the Treasurer be charged up to Profit and Loss and the books made to balance.

"Your committee would also recommend that

\$3000 of the surplus be invested in a good, safe bond at the best rate of interest obtainable.

B. H. McMULLEN,  
A. L. SEELEY,  
C. H. BAKER."

Moved by Councilor Rockwell that the report of the Committee on Finance be accepted and adopted. Supported by Councilor Haughey and carried.

Moved by Councilor Bulson as an amendment that when any money is placed at interest the security should be approved by the Chairman of the Council.

Supported by Councilor Haughey. Amendment accepted and carried.

Councilor Biddle, Chairman of the Committee on Publication, read the following report:

"The Committee on Publication commends highly the work of the Editor and Assistant Editor not only in relation to the literary style and makeup of the JOURNAL, but to the judgment which has been displayed on the business side of its publication; and while it commends the conservatism of the retiring Editor in the care with which he has selected the advertising matter, it feels that with the exercise of the same judgment advertising matter of a commercial nature, of material which the manufacturer may find a profitable field in the profession (as the automobile), might without prejudice to the good standing of the JOURNAL be not only accepted, if presented, but even solicited.

"The committee believes that in order to give legal form to the holding of bonds and property and to define the legal status of the relation of the Society to Medical Defense and other matters constantly arising, the Society should be incorporated without delay; and it recommends that the Council instruct its Secretary to take the necessary steps for incorporation.

"This committee would add to the sentiments already expressed by the Chairman of the Council its sincere regrets at the retirement of its present Editor, and would express to him its high appreciation of his earnest, conscientious and untiring work.

Respectfully,

A. P. BIDDLE,  
W. J. KAY,  
A. M. HUME,  
R. H. SPENCER."

Moved by Councilor Bulson that the report of Committee on Publication be accepted and adopted.

Supported by Councilor McMullen and carried.

Councilor Haughey, Chairman of the Committee on County Societies, made the following report:

"Your Committee on County Societies report favorably on most of the recommendations referred to us from the report of the Secretary-Editor.

"In the matter of the receipts to members for dues paid, your committee have examined carefully the blank presented and would suggest that inasmuch as this is a complete change and many of the members have become accustomed to receiving the Certificate and rather like that method we would advise that the plan for the present at least remain as it is, and report adversely on the blank presented.

"Your committee concurs in the suggestion of the Secretary-Editor as to carrying delinquent members one year before dropping.

"Your committee would recommend that a new compilation of the Constitution and By-Laws be made.

Respectfully submitted,

W. H. HAUGHEY,  
A. H. ROCKWELL,  
A. E. BULSON,  
C. J. ENNIS."

Moved by Councilor Biddle that with the exception of the recommendation in regard to receipts for dues, the report be accepted and adopted. Supported by Councilor McMullen and carried.

Moved by Councilor Biddle that the recommendation of the Secretary-Editor with reference to a new form of receipt to members for dues be adopted.

Supported by Councilor Rockwell and carried.

Chairman Dodge now declared the taking of vote for Secretary-Editor to be in order and appointed Councilors Hume and Seeley tellers, instructing them that a majority of the entire Council, or seven votes, was necessary for election.

Tellers declared the first ballot as follows:

Whole number of votes cast, 11.

For Dr. Warnshuis.....	1
Dr. Conboy.....	2
Dr. Rich.....	2
Dr. Chapman.....	2
Dr. W. Haughey.....	4
No choice.	

Chair ordered second ballot taken.

Tellers reported whole number of votes cast, 12.

For Dr. Warnshuis.....	1
Dr. Rich.....	2
Dr. Chapman.....	1
Dr. W. Haughey.....	8

Dr. Wilfrid Haughey, of Battle Creek, was declared elected Secretary-Editor of the State Society.

Moved by Councilor Biddle that the election be made unanimous. Supported by Councilor Bulson and carried.

Dr. Haughey was notified of his election and introduced to the Council by President Carstens.

Nominations for Treasurer were now declared in order.

Councilor Haughey nominated Dr. H. A. Powers, of Battle Creek, for Treasurer of the State Society for the ensuing year.

Councilor Rockwell nominated Dr. Geo. F. Inch, of Kalamazoo, for Treasurer for the ensuing year.

Councilor Biddle nominated Dr. W. S. Anderson but at the request of Dr. Anderson this nomination was withdrawn.

Council proceeded to vote by ballot, the result of which was as follows:

Whole number of votes cast, 12.

For Dr. Inch.....	7
For Dr. Powers.....	5

Dr. Geo. F. Inch, of Kalamazoo, was declared elected Treasurer of the State Society.

Moved by Councilor Haughey that the election of Dr. Inch be made unanimous.

Supported by Councilor McMullen and carried.

Moved by Councilor Bulson that the Publication Committee confer with the Secretary of the American Medical Association with a view to having our JOURNAL printed on the Association Press, and report at the Bay City meeting.

Supported by Councilor Ennis and carried.

Moved by Councilor Bulson that the Secretary-Editor be added to the Publication Committee as an ex-officio member.

The Chair announced that there being no objection he would be so considered.

Moved by Councilor Biddle that Dr. Tibbals, Chairman of the Medico-Legal Committee, be allowed \$250 for the year 1910, this to cover his office expenses in connection with that work.

Supported by Councilor Bulson and carried.

Councilor Biddle stated that owing to an oversight the expenses of the Councilors for 1909 were not presented to the House of Delegates at the Kalamazoo meeting, and,—

Moved that each Councilor include them in a bill for expenses for the present year and submit them to the Secretary at least ten days before the next annual meeting for incorporation in the Report of the Chairman to the House of Delegates.

Supported by Councilor Spencer. Carried.

Moved by Councilor Hume that the date of the Annual Meeting of the State Society be fixed as Wednesday and Thursday, the 28th and 29th of September, with the meeting of the Council and the first session of the House of Delegates on the 27th.

Supported by Councilor Biddle and carried.

Dr. Simmons, editor of the *Journal of the American Medical Association*, was present and made a few remarks of encouragement and appreciation of the work that had been done by the Council of the State of Michigan.

Moved by Councilor Biddle that there be incorporated in the report of the Chairman of the Council to the House of Delegates a recommendation to transfer Emmet County from the

10th District to the 9th District. Supported and carried.

Dr. Alvord, in behalf of the Board of Registration, stated that reprints of the Directory for Michigan could be obtained from the *Journal of the American Medical Association* at an expense of about twenty or twenty-five cents each.

On motion of Councilor Baker the matter was referred to the Publication Committee to report. Supported by Councilor Haughey.

Councilor Rockwell moved an amendment that the matter be referred to the Publication Committee, Chairman of the Council and Secretary of the State Society with power to act.

Supported by Councilor Seeley.

Amendment accepted and carried.

Moved by Councilor Biddle that the bond of the Chairman of the Medico-Legal Committee be placed at Two Thousand Dollars

Supported by Councilor McMullen and carried.

On motion of Councilor Haughey the Council adjourned to meet in Bay City, Sept. 27, 1910.

W. H. HAUGHEY, M. D.,  
Secretary of the Council.

## COUNTY SOCIETY NEWS

### ANTRIM

The Antrim County Medical Society held its annual meeting in the court house at Belaire, on Monday, Jan. 10, 1910. The following officers were elected:

*President*, L. L. Willoughby, Mancelona.

*Sec.-Treas.*, Wm. A. Evans, Bellaire.

*Delegate to State Society*, L. L. Willoughby.

The society voted to adopt the Defense Plan and Wm. A. Evans was elected member of the Medico-Legal Committee from Antrim County.

It was voted that the society become incorporated, with the object in view of contracting with the superintendents of the poor for the care of the indigent sick. An attempt was made to secure the contract for the present year, but failed. The chief work of the Society for the next twelve months will be to see that the present unsatisfactory plan of caring for the indigent sick be discontinued.

WM. A. EVANS, *Secretary*.

### CALHOUN

Calhoun County held its thirty-third annual meeting in Battle Creek, Dec. 7, 1909. Thirty-

five members were present and guests from Detroit and Kalamazoo.

The Medical Defense plan was formally adopted by a unanimous vote.

One of the best programs ever presented before our Society was given at this meeting.

1 "The Use of Quinin and Urea Hydrochloride Anæsthesia in Rectal and Genito-Urinary Surgery," by Dr. Louis J. Hirschman, of Detroit.

2 "The Diagnosis of Myocardial Insufficiency," by Dr. Albion W. Hewlett, of Ann Arbor.

3 "Some Roentgen Studies in Bone Pathology," by Dr. Preston M. Hickey, of Detroit. (Lantern slide demonstration.)

All the papers were scholarly attempts upon the part of their authors and held the interest of all the members present.

The annual election of officers resulted as follows:

*President*—H. A. Powers, Battle Creek.

*Vice-President*—Dr. W. C. Marsh, Albion.

*Sec.-Treas.*—Dr. A. S. Kimball, Battle Creek (re-elected).

*Delegates*—Drs. H. A. Powers and A. F. Kingsley.

*Alternates*—Drs. R. D. Sleight and M. A. Mortensen.

The annual banquet was served in the K. of P. hall in the evening and was well attended. A

splendid after dinner talk was given by former consul to Naples, Dean, of Charlotte, under President Cleveland.

The meeting was voted one of the most enjoyable and valuable in our history.

Adjournment was taken to March 1, 1910, in Battle Creek.

Following is a list of the committees of 1910:

#### REGULAR

*Program*—A. S. Kimball, W. C. Marsh, Chas. E. Stewart.

*Necrology*—A. F. Kingsley, S. K. Church, H. A. Herzer.

*Entertainment*—R. C. Stone, Wilfrid Haughey, W. L. Godfrey.

#### SPECIAL

*Examination of School Children*—Wilfrid Haughey, L. S. Joy, I. C. Foster, R. M. Gubbins, Geo. Haynes, L. S. Hodges, H. A. Shurtleff, E. VanCamp.

*More Frequent Meetings*—A. W. Alvord, Geo. B. Gesner, Geo. C. Hafford.

A. S. KIMBALL, *Secretary*.

#### GRAND TRAVERSE

The regular meeting of the Grand Traverse County Medical Society was called to order Feb. 1, 1910, at 8:30 P. M., at the Northern Michigan Asylum, by the president. Seventeen members were present.

Dr. H. Thurtell, of Manistowoc County Medical Society, of Wisconsin, was elected to membership.

Contract practice was discussed, and it was decided to notify all members that the question would be voted upon at the next regular meeting.

Dr. J. D. Munson, Superintendent of the Northern Michigan Asylum, read a very interesting and instructive paper on "Psychotherapy," also reading abstracts from the histories of cases in the institution.

The discussion was opened by Dr. Rowley, followed by a general discussion.

After adjournment, Dr. Munson entertained the members with a luncheon.

R. E. WELLS, *Secretary*.

#### HILLSDALE

The Hillsdale County Medical Society held its regular quarterly meeting Jan. 28, 1910, at Hillsdale.

Dr. Malcolm Graham, of Jonesville, was admitted as a new member.

Dr. B. F. Green, of Hillsdale, was elected the Hillsdale County member of the Medico-Legal Committee.

The scientific program follows:

"The Pulse," Dr. A. W. Chase, Adrian, Mich. General Discussion.

"Drainage in Septic Condition of the Abdominal Cavity," Dr. Jno. H. Pyle, Toledo, Ohio.

General Discussion.

"Medical Inspection of Public Schools," Dr. Bion Whelan, Hillsdale.

Discussion, Supt. S. J. Gier, Hillsdale.

Commissioner Harry McClave, Hillsdale.

B. F. GREEN, *Secretary*.

#### HOUGHTON

The December meeting of the Houghton County Medical Society was held at the Red Jacket Council rooms, Calumet.

Dr. A. R. Tucker, Mohawk, reported a case of cyst of the inguinal canal simulating hernia. The cyst was about the size of a hen's egg, and was attached to the internal ring. There was also an adhesion to the tip of the appendix.

Dr. S. S. Lee, Opeche, read a paper on "Cystitis." He said that a classification based on etiology is difficult on account of the numerous causes. It is due to a micrococcus infection, and is generally a purulent process. Various conditions favor its development, as obstructions to the passage of urine, tenesmus, foreign bodies, new growths, etc. The pathology is that common to an inflammatory process. The symptoms: Frequency of urination, pain, tenesmus, blood, pus and epithelial cells in the urine. The microscope and chemical analysis should be used to confirm the diagnosis. Those possessing the dexterity to use the cystoscope find it of great value in differentiating from pyelitis.

In treatment, the acute form gives the best results, but in any from we are liable to see relapses. The following are the principal indications: 1. Remove the cause if possible. 2. Relieve pain and frequent urination. 3. Change the urine to a condition unfavorable to germ growth. 4. Check suppuration.

Dr. C. H. Rodi, Calumet, discussed "Pyelitis," which he divided into three general divisions, viz.: Inflammation of the pelvis of the kidney; inflammation of the kidney substance and abscess of the kidney. Infectious diseases as causative factors are frequently overlooked. A frequent examination of the urine would reveal more cases than are usually recognized; pus would be found, sometimes in very small quantities. The cases ushered in by a small chill are generally self-limited. Where the chill is heavy we usually get a suppurative pyelitis. Foreign

bodies may cause pyelitis, or the cause may be an extension upward of a disease process. In the chronic form, cystitis and tuberculosis are common causes. In the tuberculous form we have urine containing tubercle bacilli, a slight evening rise of temperature, emaciation, etc. In cystitis the urine is ammoniacal, but this does not exclude tuberculosis of either kidney. Obstruction of the ureter, preventing the escape of pus, gives rise to a tumor, and may simulate floating kidney, distended gall bladder, etc. He related a case of tumor in the region of the appendix with symptoms of appendiceal abscess, but pus in the urine made the diagnosis easy. The abscess was evacuated through the loin, but the patient is now suffering from Bright's disease.

JOHN MACRAE, *Secretary*.

### HURON

The Huron County Medical Society held its regular quarterly meeting in Bad Axe, Jan. 10, 1910. Dr. B. Friedlaender read a paper on "Hypernephroma of the Kidney," and Dr. D. Conboy one on "Gastric Hyperacidity." Both papers were fully discussed by the members, of whom there were sixteen present. We have decided to make this year's due only \$4.00 per member, by paying the extra 50 cents out of the treasury of the County Society.

D. CONBOY, *Secretary*.

### ISABELLA

The first quarterly meeting of the Society was held at Mount Pleasant. Dr. Goodwin, of Shepherd, read a paper, entitled, "Our Society and the Public." It was an interesting paper and opened up much material for discussion. Considerable time was taken in considering the medico-legal-defense plan of protection from malpractice suits and the same was finally adopted unanimously by the Society. As some misunderstandings had arisen relative to medical ethics, it was thought advisable to get pamphlets of the code and study up on the subject before the next meeting so as to avoid further misunderstandings and be able to discuss the matter intelligently when called together again. The Chair appointed a committee to formulate a course of reading and study, Drs. McEntee, Adams and Baskerville being chosen. The meeting then adjourned to meet at 7:30 at the Hotel Bennett, where a banquet was served. Dr. Richmond was selected as toast-

master and Drs. Johnson, Baskerville, Goodwin, McRae, Pullen and McEntee replied to toasts.

Plates were spread for the following:

Dr. and Mrs. Adams, Dr. and Mrs. Baskerville, Dr. and Mrs. Gardiner, Dr. and Mrs. McEntee, Dr. and Mrs. Pullen, Dr. and Mrs. Richmond, Dr. and Mrs. Abbott, Dr. and Mrs. Goodwin, Dr. and Mrs. McRae, Dr. and Mrs. Johnson, Dr. Gruber and Dr. Reeder. Everybody had a good time, the feeling being that such meetings and banquets would bring the members into nearer touch with each other and have much to do in doing away with many of the little differences that often arise between members of the profession.

S. E. GARDINER, *Secretary*.

### KALAMAZOO ACADEMY OF MEDICINE

The annual meeting of the Kalamazoo Academy of Medicine was held at the Academy of Medicine rooms, at Kalamazoo, Dec. 14, 1909.

The scientific program consisted of three papers:

CRIMINAL ABORTION, Dr. Rudolph W. Holmes, Chicago.

REMOTE AND LOCAL EFFECTS OF CHRONIC FOCAL INFECTION, Dr. Frank Billings, Chicago.

THE CONSIDERATION OF SKULL FRACTURES, Dr. Frederick A. Besley, Chicago.

ABSTRACT: Medical history shows a knowledge of skull fractures in its earliest records, and volumes have been written on the subject, yet our views are changing in direct proportion to the advances made as a result of experimentation, research and clinical experience. There have been many classifications of skull fractures. Probably the best one is based on (1) the mechanism, (2) the presence or absence of open wound, (3) the form of the fragments and (4) the situation. The general classification, based, first, upon the division into simple and compound fractures, and, second, on the location, whether vault or base, is of more importance to us from the standpoint of treatment than are other classifications.

The present theories of the mechanism of fracture of the skull embody two definite principles; (1) The bending at the point of contact, and (2) the bursting of the skull at some distance from the blow. In all the experimental work that has been done it seems to me that none of the investigators have given sufficient weight to the fact that, no matter where the blow is delivered to the skull, the force must be trans-

mitted through it as a whole to the condylar articulation with the atlas; that is, there is always a counter force at this fixed point. I believe that this counter force as produced at the condylar-atlantoid junction, is the cause of most of the fractures at the base; they being fractures by bending rather than by bursting. I draw this deduction for the following reasons: (1) The fractures bear a similarity in point of direction and location, regardless of where the blow is struck upon the vault. (2) The fractures do not follow the lines of least resistance at the base, either as to thickness or as to tensile strength. (Diagnosis was discussed at length.) The main point in the treatment is the fatal mistake of packing the wound after carefully cleaning out all blood clots, and relieving all pressure. The main indication in many of these fractures is to relieve pressure, and the packing with iodoform or other gauze so often, practiced defeats one of the chief indications for operation. The best thing to do is to use a gauze wick drain. The hemorrhage is seldom so profuse that there is any grave danger from that point, but when it is profuse, the indication is to control it by other means than pressure by packing.

About forty members assembled at the Rickman Hotel in the evening where an elaborate banquet was served by the hotel management. After the banquet the retiring president, Dr. R. E. Balch, gave an address which put forth the advantages of animal experimentation as related to the advancement of medical information, referring especially to the progress now being made in blood vessel surgery resulting from its use.

Dr. W. F. Hoyt, of Paw Paw, was then introduced as toastmaster of the evening and called upon the following members, who responded:

Drs. Carnes, of South Haven; Robinson, of Allegan; Jackson, A. S. Youngs and A. W. Crane, of Kalamazoo.

C. E. Boys, *Secretary*.

#### KENT

Dr. Charles Quick died Dec. 27, 1909, after a six weeks' illness from nephritis and myocarditis. The doctor was buried at his old home in Lowell, December 30.

Dr. R. R. Smith spent the first week in January at the Mayo Clinic.

The annual report of the U. B. A. Hospital contains the following:

Total assets .....	\$147,407.51
Total indebtedness .....	35,060.50
Total endowment .....	38,226.09
Receipts for the year .....	33,829.26

Patients received.....	931
Operations performed.....	645
Average daily number of patients .....	40
Death rate .....	.5%
Average cost per patient.....	\$2.35

The following was the program for the meeting of January 12:

"Some Problems in Acute Nephritis," Dr. Eugene Boise.

"Etiology and Treatment of Hernia of the Inguinal Region," Dr. Alexander Hugh Ferguson, Chicago, Ill.

Seventy-six members were present at this meeting and upon the completion of the program the meeting adjourned to a nearby café and all enjoyed participating in a Dutch lunch mingled with stories told by our invited guests and various members.

The meeting of January 26 was very well attended, the following being the program:

"Symposium on Anæsthesia,"

"The Use of Adjuncts," Reuben Maurits.

"The Anæsthetic from the Standpoint of the Anæsthetist," H. W. Dingman.

"Chloroform Accidents," Alden Williams.

"The Anæsthetic from the Surgeon's Standpoint," R. R. Smith.

"The Medical Library," Samuel H. Ranck, Librarian Ryerson Library.

Mr. Ranck has given the subject of Medical Libraries considerable study. Last year he read a paper before the American Librarians' Association upon this subject. He also arranged and catalogued the private library of Howard Kelly and of the College of Physicians and Surgeons, in Baltimore. The local library has some 4700 volumes of medical books; it has set aside a special reading room for doctors only. In this room may be found the leading current journals. The Library Board spends some \$60 per year for subscriptions to these journals. Mr. Ranck made several valuable suggestions as to how our local library may be made of more value to every physician.

At this meeting five new members were elected.

Dr. Pratt, of Sparta, has disposed of his practice and is doing post graduate work in the East.

Dr. John Vermeulen, formerly of McBain, is now practicing in Grand Rapids.

Butterworth Hospital will give its Second Annual Roof Garden Show for the benefit of the hospital, February 2, 3, 4, 5.

Extract from report of the Grand Rapids Board of Health for November:

Out of 22 deaths from all causes twelve were from consumption.

Thirty-four sputum examinations were made by the bacteriologist.

With the use of four tons of coal, the garbage burner incinerated 114 loads of garbage, 1045 loads of other refuse, 60 loads of paper, 20 horses, 99 dogs and 52 cats.

### MARQUETTE

The regular monthly meeting of the Marquette Alger County Society was held at Marquette, Wednesday night Jan. 19, 1910. Upon formal ballot Dr. E. A. Florentine, of Kenton, was unanimously elected a member of the Society. Dr. McCrory, who has recently located in Negaunee, has made application for membership into the Society. Dr. F. D. McHarkin reported three cases of tetanus which occurred in his practice in the past six months. All three cases were treated with serum, resulting in two recoveries and one death. In the discussion following the fact was elucidated that tetanus is not a frequent disease in this district. Dr. Barnett reported a case of tetanus occurring in his practice at Ishpeming, and stated that it was the only case that had occurred in that city in twenty-five years.

Dr. H. H. Loveland, of Republic, reported a case of eclampsia in a newborn child, which also had an enlarged thyroid gland. The child died on the eleventh day and the gland disappeared at this time. In the discussion Dr. Felch expressed the opinion that the case was one of enlarged thymus gland instead of enlarged thyroid gland.

Dr. H. M. Cunningham made a preliminary report upon a case of skin graft to the lip, and the case of extraction of a small piece of steel from the vitreous humor with a giant magnet.

Interesting cases of appendicitis were reported by Drs. Lunn, Carriel, Hornbogen and Vandeventer.

By request of the Board of Supervisors the matter of the location of the County Tuberculosis Sanitarium was taken up for discussion. The majority taking part in the discussion were of the opinion that it should be built some distance inland from the shores of Lake Superior.

Lake Michigamee, situated some thirty miles west of Marquette, seemed to be the most favored spot, on account of its high altitude, dry atmosphere, pure water and beautiful scenery. From all indications Marquette will be the first of the Upper Peninsula counties to build, equip and support a modern up-to-date tuberculosis sanitarium.

H. J. HORNBOKEN, *Secretary*.

### MONTCALM

The following is the program of the meeting of the Montcalm County Medical Society, held at Greenville, Jan. 20, 1910.

#### Variola—

- (a) Etiology of, Dr. L. E. Kelsey.
- (b) Pathology of, Dr. James Purdon.
- (c) Symptoms and Clinical Course, Dr. M. E. Danforth.
- (d) Diagnosis, Dr. A. B. Penton.
- (e) Prognosis and Treatment, Dr. C. O. Jenison.

These papers or talks were followed by general discussion.

Paper by Dr. W. T. Dodge, Councilor 11th District.

H. L. BOWER, *Secretary*.

### OSCEOLA

The Annual Meeting of the Osceola-Lake County Medical Society was held at Reed City, Jan. 11, 1910. After the general business the following officers were elected:

*President*, C. D. Woodruff, Reed City.

*Vice-President*, E. N. Heysett, Baldwin.

*Sec.-Treas.*, U. D. Seidel, Reed City.

*Delegate to State Society*, H. L. Foster, Reed City.

*Alternate*, A. Holm, Tustin.

We are sorry to lose our former Secretary and fellow practitioner, Dr. D. S. Fleischauer, who is going to Wabasha, Minn., as surgeon of the Elizabeth Hospital of that place.

U. D. SEIDEL, *Secretary*.

### OTTAWA

The January meeting of the Ottawa County Medical Society was held Jan. 11, 1910, at 2 p. m., at the Court House, Grand Haven.

The meeting was poorly attended as a result of the condition of the roads.

Corie C. Coburn, Prosecuting Attorney of Ottawa County, read a paper, "Criminal Malpractice." Geo. A. Farr, of Grand Haven, who

was to have presented a paper on "Civil Malpractice," requested that his paper be given at some future meeting, and the time was taken up by Mr. Coburn, who answered questions of a legal nature, asked by many of those in attendance. The Society tendered a vote of thanks to Mr. Coburn and hope to hear from Mr. Farr at some future meeting.

Dr. Wm. A. Stone, former Assistant Superintendent of the Kalamazoo Asylum, and Albert M. Barrett, professor of Psychiatry and Diseases of the Nervous System at Ann Arbor, were appointed a lunacy commission by Judge Padgham, to examine George Seelman who is on trial for the murder of Mrs. Taylor. The physicians invited Drs. Stone and Barrett to address them at a smoker which was given at the Court House on January 21. A number of physicians from Holland, Spring Lake and Grand Haven were present, and also Drs. Corbus and Campbell of Grand Rapids who are to appear for the defendant.

Dr. Stone read a paper on "The Examination of the Insane." Dr. Barrett was called home on account of illness in his family.

Dr. T. A. Boat, Health Officer, of Holland, will spend the balance of the winter in Florida, and Dr. W. G. Winter, City Physician, will act as Health Officer in his absence.

The following cases of infectious and contagious diseases are reported: Typhoid fever, 1; pneumonia, 3; scarlet fever, 9; diphtheria and measles, 1.

Grand Haven and vicinity has experienced an epidemic of pneumonia during November and December which resulted in seven deaths in the city.

Dr. Richard R. Smith, President of the Kent County Medical Society, has announced that the members of the Ottawa County Medical Society will receive invitations to the Kent County meetings whenever they have an unusually interesting meeting. This courtesy will be appreciated.

D. W. A. Walkley, Acting Assistant Surgeon of the "United States Public Health and Marine Hospital Service," was compelled to take a short leave of absence on account of illness caused by a carbuncle on his neck.

Grand Haven physicians recently signed an agreement not to engage in contract practice for any organization.

GEO. H. THOMAS, *Secretary*.

## NEWS

The second Annual Report of Mercy Hospital, Cadillac, contains the following:

Number of patients treated, 324; surgical, 242; medical, 75; obstetrical, 7; cured, 281; improved, 20; unimproved, 7. There were 16 deaths, of whom 12 were brought to the hospital in a dying condition; 7 died within twenty-four hours and 5 within forty-eight hours after admission.

### CLASSIFICATION OF PATIENTS

Male 150; female, 174; white, 323; colored, 1; single, 129; married, 178; widowed, 17; Protestant, 278; Catholic, 39; no religion, 7.

Ages: Between one and ten years, 20; between ten and twenty years, 48; twenty and thirty years, 90; between thirty and forty years, 65; between forty and fifty years, 48; between fifty and sixty years, 32; between sixty and seventy years, 15; between seventy and eighty years, 5; between eighty and ninety years, 1.

Nationality: America, 247; Canada, 31; Sweden, 18; Germany, 7; Netherlands, 5; Denmark, 3; Finland, 3; France, 2; Ireland, 2; Norway, 1; Italy, 1; Poland, 2; Australia, 1.

Occupations: Actress, 1; agent, 1; barber, 1; blacksmith, 1; bookkeepers, 2; business men, 4; cabinetmaker, 1; carpenters, 2; clerks, 3; contractor, 1; cooks, 3; maids, 8; druggist, 1; electricians, 2; engineers, 3; farmers, 29; firemen, 1; hairdressers, 2; housewives, 107; inspectors, 4; janitors, 2; laborers, 55; lineman, 1; lumbermen, 3; machinist, 1; mason, 1; milliners, 2; nurse, 1; physician, 1; printer, 1; sawyers, 2; seamstresses, 6; students, 29; switchmen, 2; teachers, 4; no occupation, 21.

The report also contained a welcome from the Sisters at the hospital to all who are afflicted and a statement that all reputable physicians have at their command the facilities of the hospital.

### RECEIPTS

Balance on hand year ending January 1909, \$702.37; cash on hand, \$5.67; board, \$6,646.31; operating room fee, \$626.50; donations, \$1,234.27; nurse services, \$657.15; discount on bills, \$8.57; total, \$9,875.17.

### DISBURSEMENTS

For maintenance of hospital and improve-

ments on property, \$9,869.48; balance on hand year ending January, 1910, \$5.67.

At the commencement exercises for the nurses of the Mercy Hospital Training School, Cadillac, Rev. Fr. E. A. Lefebvre gave an address on the history and benefits of hospitals. He dwelt especially on the work of Mercy Hospital. In the course of his remarks he paid this tribute to the Sisters of Mercy who have charge of the hospital: "The most glorious page in the history of charity among men is the work of the Sisters of Mercy on the field of battle, the angels of the battlefield."

Other speakers were: Dr. Bartlett H. McMullen, who gave an address on the "Trained Nurse." Dr. J. M. Wardell spoke on the "Cadillac Spirit." The diploma presentation was made by Mrs. D. F. Diggins, the donor of the hospital, and the Hippocratic oath was administered by Dr. David Ralston.

Jan. 21, 1910, Mercy Hospital tendered the physicians of Cadillac and the donor of the hospital their annual banquet, which was held in the Sisters' dining-room. The decorations were simple. Dr. C. E. Miller acted as toastmaster. Physicians of the city responded to toasts. There were several physicians present from out of the city.

Beginning with the January issue the *Medical Review of Reviews* will be edited by Dr. William J. Robinson, and the editorial offices will be 12 Mt. Morris Park, W., New York City. The scope of the journal will be enlarged and the departments strengthened.

Dr. Wm. A. Stone, formerly Assistant Superintendent of the Michigan Asylum for the Insane, at Kalamazoo, announces the opening of his offices at the Kalamazoo National Bank Building. Nervous and mental diseases exclusively.

## CONSTITUTION AND BY-LAWS OF THE MICHIGAN STATE MEDICAL SOCIETY

Adopted at Port Huron, June 26, 1902. (As Amended at various times.  
Compiled February, 1910.)

### CONSTITUTION

#### ARTICLE I—NAME OF THE SOCIETY

The name and title of this organization shall be the Michigan State Medical Society.

#### ARTICLE II—PURPOSES OF THE SOCIETY

The purpose of this Society shall be to federate and to bring into one compact organization the entire medical profession of the State of Michigan and to unite with similar Societies in other States to form the American Medical Association; with a view to the extension of medical knowledge, and to the advancement of medical science; to the elevation of the standard of medical education, and to the enactment and enforcement of just medical laws; to the promotion of friendly intercourse among physicians, and to the guarding and fostering of their material interests; and to the enlightenment and direction of public opinion in regard to the great problems of state medicine, so that the profession shall become more capable

and honorable within itself, and more useful to the public in the prevention and cure of disease, and in prolonging and adding comfort to life.

#### ARTICLE III—COMPONENT SOCIETIES

Component Societies shall consist of those County Medical Societies which hold charters from this Society.

#### ARTICLE IV—COMPOSITION OF THE SOCIETY

SECTION 1. This Society shall consist of Members, Delegates and Honorary Members.

SEC. 2. *Members.* The Members of this Society shall be the members of the Component County Medical Societies.

SEC. 3. *Delegates.* The Delegates shall be those members who are elected in accordance with this Constitution and By-Laws to represent their respective Component County Societies in the House of Delegates of this Society.

SEC. 4. *Honorary Members.* Honorary members shall be of two classes, resident and non-resident.

SEC. 5. Resident Honorary Members shall be chosen from those who have practiced medicine not less than *thirty* years and have been active members in good standing of this Society for at least *ten* years. They shall be nominated by the Council at any of its meetings and may be elected by the House of Delegates at the Annual Meeting following such nomination. They shall have all the privileges of the Society and receive all publications without the payment of dues. Not more than five Resident Honorary Members shall be elected at any one meeting.

SEC. 6. Any distinguished physician, not a resident of this State, may be elected an Honorary Member, provided he has been nominated by the Council at a previous meeting. Not more than two non-resident Honorary Members shall be elected at any one meeting.

#### ARTICLE V—HOUSE OF DELEGATES

The House of Delegates shall be the legislative and business body of the Society, and shall consist of (1) delegates elected by the Component County Societies, and (2) *ex-officio*, the officers of the Society as defined in this Constitution, without power to vote. (*As amended June 28, 1905.*)

#### ARTICLE VI—SECTIONS AND DISTRICT SOCIETIES

The House of Delegates may provide for a division of the scientific work of the Society into appropriate Sections, and for the organization of such Councilor District Societies as will promote the best interests of the profession, such societies to be composed exclusively of members of the Component County Societies.

#### ARTICLE VII—SESSIONS AND MEETINGS

SECTION 1. The Society shall hold an Annual Session during which there shall be held daily General Meetings, which shall be open to all registered members and delegates.

SEC. 2. The time and place for holding each Annual Session shall be fixed by the House of Delegates

#### ARTICLE VIII—OFFICERS

SECTION 1. The officers of this Society shall be a President, four Vice-Presidents, a Secretary, a Treasurer, and twelve Councilors.

SEC. 2. The President and Vice-Presidents shall be elected for a term of one year. The Secretary and the Treasurer shall be elected by the Council at its Annual Meeting in January,

and each shall hold his office for one year. The Councilors shall be elected for terms of six years each, these terms being so divided that four Councilors shall be chosen each alternate year. All of these officers shall serve until their successors are elected and installed. (*As amended May 15, 1907.*)

SEC. 3. The officers of this Society, not otherwise elected, shall be elected by the House of Delegates on the morning of the last day of the Annual Session; but no Delegate shall be eligible to any office named in the first section, except that of President or Councilor; and no person shall be elected to any such office who has not been a member of this Society for at least two years.

#### ARTICLE IX—FUNDS AND EXPENSES

SECTION 1. Funds for meeting the expenses of the Society shall be provided by a yearly fee of two dollars for each member, payable in advance to the Secretary of this Society by the Secretary of his Component County Society, and from the profits of its publications.

SEC. 2. Funds may be appropriated by the House of Delegates, subject to an approval by the Council, to defray the expenses of the Annual Sessions, for publication, and for such other purposes as will promote the welfare of the Society and the profession.

#### ARTICLE X—RECIPROCITY OF MEMBERSHIP AMONG STATE SOCIETIES

To broaden professional fellowship among the State Societies, the Michigan State Medical Society, by its President and Secretary, is ready to arrange with other State Medical Societies, having equal requirements, for the interchange of certificates of membership. Members removing from one of these States to another may thus avoid the formalities of re-election.

#### ARTICLE XI—REFERENDUM

The General Meeting of the Society may by a two-thirds vote order a general referendum upon any question pending before the House of Delegates, and the House of Delegates may by a similar vote of its own members, or after a like vote of the General Meeting, submit any such question to the members of the Society for a final vote; and, if the persons voting shall comprise a majority of all the members registered at the session, a majority of such vote shall determine the question, and be binding upon the House of Delegates.

#### ARTICLE XII—THE SEAL

The Society shall have a Common Seal, with

power to break, to change or to renew the same at pleasure.

#### ARTICLE XIII—AMENDMENTS

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the delegates registered at that Annual Session, provided that such amendment shall have been presented in open meeting at the previous Annual Session, and that it shall have been sent officially to each Component County Society at least four months before the session at which final action is taken.

### BY-LAWS

#### CHAPTER I—MEMBERSHIP

SECTION 1. All members of the Component County Societies, who are not in arrears for dues, shall be privileged to attend all meetings and to take part in all of the proceedings of the Annual Session, and shall be eligible to any office within the gift of the Society, except as otherwise provided. See Constitution, Art. VIII, Sec. 3.

Any member in arrears for dues to the amount of one year or more may regain membership either by paying up all back dues or by being again elected to membership. (*As amended June 29, 1905.*)

SEC. 2. The name of a physician upon the properly certified roster of members, or list of delegates, of a chartered County Society shall be prima facie evidence of his right to register at the Annual Session in the respective bodies of this Society.

SEC. 3. No person who is under sentence of suspension or expulsion from any Component Society of this Society, or whose name has been dropped from its roll of members, shall be entitled to any of the rights or benefits of this Society; nor shall he be permitted to take part in any of its proceedings until such time as he has been relieved of such disability.

SEC. 4. Each member in attendance at the Annual Session shall enter his name on the registration book, indicating the Component Society of which he is a member. When his right to membership has been verified by reference to the roster of his Society he shall receive a badge, which shall be evidence of his right to all the privileges of membership at that Session. No member or delegate shall take part in any of the proceedings of an Annual Session until he has complied with the provisions of this section.

#### CHAPTER II—ANNUAL AND SPECIAL SESSIONS OF THE SOCIETY

SECTION 1. The Society shall hold an Annual Session at such time and place as has been fixed at the preceding Annual Session.

SEC. 2. Special sessions of either the Society or the House of Delegates may be called by the President at his discretion or upon petition of twenty delegates.

#### CHAPTER III—GENERAL MEETINGS

SECTION 1. The General Meetings shall include all registered members and delegates, who shall have equal rights to participate in the proceedings and discussion, and to vote on pending questions. Each General Meeting shall be presided over by the President, or in his absence or disability, or by his request, by one of the Vice-Presidents. Before it, at such time and place as may have been arranged, shall be delivered the annual address of the President, and the entire time of the Session, so far as may be, shall be devoted to papers and discussions relating to scientific medicine. (*As amended May 25, 1906.*)

SEC. 2. The General Meeting shall have authority to create committees or commissions for scientific investigations of special interest and importance to the profession and public, and to receive and to dispose of reports of the same; but any expense in connection therewith must first be concurred in by the Council.

SEC. 3. Except by special vote the order of exercises, papers and discussions as set forth in the official program shall be followed from day to day until it has been completed. No paper shall be read by title nor read by any other person than its author except as a result of sickness of author, or by unanimous vote of the section to which it belongs. (*As amended Sept. 14, 1909.*)

SEC. 4. No address or paper before the Society, except that of the President, shall occupy more than fifteen minutes in its delivery; and no member shall speak longer than five minutes or more than once on any subject. (*As amended May 25, 1906.*)

SEC. 5. All papers read before the Society shall be its property. Each paper read shall be deposited immediately with the Secretary, but the author may also publish the same in any reputable journal not published in this State, provided the printed article bears the statement that it was "read before the Michigan State Medical Society."

## CHAPTER IV—HOUSE OF DELEGATES

SECTION 1. Each Component County Society shall be entitled to send to the House of Delegates each year one delegate for every 50 members, and one for each major fraction thereof; but each County Society holding a charter from this Society, which has made its annual report as provided in this Constitution and By-Laws, shall be entitled to one delegate.

SEC. 2. The House of Delegates shall meet annually at the time and place of the Annual Session of the Society, and shall so fix its hours of meeting as not to conflict with the first General Meeting of the Society, or with the meeting held for the address of the President, and so as to give delegates an opportunity to attend the other scientific proceedings and discussions so far as is consistent with their duties. But, if the business interests of the Society and profession require, it may meet in advance, or remain in session after the final adjournment of the General Meeting. (*As amended May 25, 1906.*)

SEC. 3. A majority of the registered delegates shall constitute a quorum. All of the meetings of the House of Delegates shall be open to members of the Society.

SEC. 4. It shall consider and advise as to the interests of the profession, and of the public in those important matters wherein it is dependent upon the profession, and shall use its influence to secure and to enforce all proper medical and public health legislation, and to diffuse popular information in relation thereto.

SEC. 5. It shall elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and By-Laws of that body in such a manner that at least one of the delegates shall be elected each year.

SEC. 6. It shall divide the counties of the State into twelve Councilor Districts. When the best interest of the Society and the profession will be promoted thereby, it may organize in each a District Medical Society, to meet midway between the Annual Sessions of this Society. Members of the chartered County Societies, and no others, shall be members in such District Societies. (*As amended May 27, 1904.*)

SEC. 7. It shall have authority to appoint committees for special purposes from among members of the Society who are not members of the House of Delegates, and such committees may report to the House of Delegates in person, and may participate in the debate thereon.

SEC. 8. It shall approve all memorials and

resolutions issued in the name of the Society before the same shall become effective.

SEC. 9. It shall present a summary of its proceedings to the last General Meeting of each Annual Session, and shall publish the same in the Journal of the Society.

SEC. 10. The House of Delegates shall provide for the division of the scientific work of the Society into appropriate Sections:

First—A Section on General Medicine.

Second—A Section on Surgery, Ophthalmology and Otology.

Third—A Section on Obstetrics and Gynecology.

## CHAPTER V—SECTIONS

SECTION 1. Sections shall hold their meetings at such times and in such places as shall not interfere with the General Meetings.

At each Annual Meeting a Chairman shall be chosen for each Section, to serve for one year. A Secretary shall be chosen every second year to serve for two years or until his successor is elected.

All papers, communications and matters of technical or professional nature shall be referred to the Section to which they pertain.

## CHAPTER VI—ELECTION OF OFFICERS

SECTION 1. All elections shall be by secret ballot, and a majority of the votes cast shall be necessary to elect, unless otherwise provided.

SEC. 2. The House of Delegates shall elect annually at its first meeting a Nominating Committee of five from the House of Delegates, no two of whom shall be from the same Councilor District. (*As Amended June 12, 1903.*)

SEC. 3. The Nominating Committee shall nominate the first, second, third and fourth Vice-Presidents, the Councilors from the Districts in which there are vacancies, and the Representatives to the House of Delegates of the American Medical Association. In so far as possible, the Vice-Presidents shall be selected with especial reference to the promotion of the work of the Councilors in the four Districts nearest their respective residence.

SEC. 4. The report of the Nominating Committee and the election of the officers nominated shall be the first order of business of the House of Delegates after the reading of the minutes on the morning of the last day of the Session.

SEC. 5. Nothing in this article shall be construed to prevent additional nominations being made by members of the House of Delegates.

SEC. 6. Any member of the Society is eligible to the office of President, and nominations to this office may be made and seconded by any member of the same.

SEC. 7. The nominations for President shall be made the first order of miscellaneous business at the General Meeting of the Society on the first day of the Annual Session. Under no other circumstances shall a nomination or announcement of candidates be made in open session.

SEC. 8. A locked ballot box, for the reception of ballots, in the custody of the Committee on Nominations above mentioned, shall be placed in or about the hall where the General Meetings are held. One or more of the Committee on Nominations shall receive and deposit the ballots in the box, at the same time checking the name of the voter from the list of those entitled to vote, which list shall include all the members of the Society registered at the meeting.

SEC. 9. The polls shall close at 11 o'clock a. m., on the last day of the Session. The result of the canvass shall be reported to the Society at the close of the General Meeting. (*As amended May 25, 1906.*)

SEC. 10. The person receiving the largest number of votes on the presidential ticket shall be declared President.

SEC. 11. In the event of a tie vote on the presidential office the presiding officer shall submit the names of the candidates in alphabetical order to the *viva voce* vote of the meeting, and the one receiving the greatest number of votes shall be declared President.

SEC. 12. The Secretary and the Treasurer shall be elected by the Council at its meeting in January, as provided.

#### CHAPTER VII—DUTIES OF OFFICERS

SECTION 1. The President shall preside at all meetings of the Society and of the House of Delegates; shall appoint all committees not otherwise provided for; shall fill all vacancies not otherwise provided for occurring by reason of death, disability or removal of any officer, councilor or member of any committee, occurring during the fiscal year of the Society; shall deliver an annual address at such time as may be arranged; shall give a deciding vote in case of a tie, and shall perform such other duties as custom and parliamentary usage may require. He shall, as far as practicable, visit by appointment the various sections of the State and assist the Councilors in building up the County

Societies, and in making their work more practical and useful. (*As amended Sept. 15, 1909.*)

SEC. 2. The Vice-Presidents shall assist the President in the discharge of his duties, and the Council in the organization and nurture of County Societies.

SEC. 3. The Treasurer shall give bond for the trust reposed in him, as fixed by the Council. He shall demand and receive all funds, except the Medico-Legal Fund, due the Society, together with bequests and donations. He shall, under the direction of the Council, sell or lease any estate belonging to the Society, and execute the necessary papers; and shall, in general, subject to such direction, have the care and management of the fiscal affairs of the Society. He shall pay money out of the Treasury only on the written order of the Chairman of the Council, countersigned by the Secretary of the Society; he shall subject his accounts to such examination as the House of Delegates may order, and he shall annually render an account of the doings and of the state of the funds in his hands to the Council. (*As amended Sept. 16, 1909.*)

SEC. 4. The Secretary, acting with the Committee on Scientific Work, shall prepare and issue the programs for and attend all meetings of the Society and of the House of Delegates, keeping minutes of their respective proceedings in separate record books. He shall be custodian of all record books and papers belonging to the Society, except such as properly belong to the Treasurer, and shall keep account of and promptly turn over to the Treasurer and Chairman of the Medico-Legal Committee all funds of the Society which come into his hands. He shall provide for the registration of the members and delegates at the Annual Sessions. In so far as it is in his power he shall use the printed matter, correspondence and influence of his office to aid the Councilors in the organization and improvement of the County Societies, and in the extension of the power and usefulness of this Society. He shall conduct the official correspondence, notifying members of meetings, officers of their election and committees of their appointment and duties. He shall be editor of the JOURNAL of this Society, and shall employ such assistants as may be ordered by the Council. He shall annually make a report to the Council at the January meeting and the essentials of this report shall be incorporated in the report of the Chairman of the Council to the House of Delegates at the next Session. (*As amended May 25, 1906, and Sept. 16, 1909.*)

In order that the Secretary may be enabled to give that amount of time to his duties which will permit of his becoming proficient, it is desirable that he should receive some compensation. The amount of his salary shall be fixed by the Council.

SEC. 5. The business of each Annual Session shall be completed by the officers who have served throughout the session.

#### CHAPTER VIII—COUNCIL

SECTION 1. The Council shall hold daily meetings during the Annual Session of the Society and at such other times as necessity may require, subject to the call of the Chairman or on petition of three Councilors. Three Councilors shall constitute a quorum for the transaction of business. The Council shall meet on the last day of the Annual Session of the Society for reorganization and for the outlining of the work for the ensuing year. At this meeting it shall elect a Chairman and a Secretary.

It shall hold a meeting in January of each year at a date and place fixed by the Chairman. It shall keep a permanent record of its proceedings, and through its Chairman make an annual report to the House of Delegates at such time as may be provided.

SEC. 2. Collectively, the Council shall be the Board of Censors of the Society. It shall consider all questions involving the right and standing of members, whether in relation to other members to the Component Societies, or to this Society. All questions of an ethical nature brought before the House of Delegates or the General Meeting shall be referred to the Council without discussion. It shall hear and decide all questions of discipline affecting the conduct of members or of a County Society, upon which an appeal is taken from the decision of an individual Councilor. Its decision in all such cases shall be final.

SEC. 3. It shall make careful inquiry into the condition of the profession of each county in the State, and shall have authority to adopt such methods as may be deemed most efficient for building up and increasing the interest in such County Societies as already exist, and for organizing the profession in counties where societies do not exist. It shall especially and systematically endeavor to promote friendly intercourse between physicians of the same locality, and shall continue these efforts until every reputable physician of the State has been brought under medical society influence.

SEC. 4. It shall upon application provide and

issue charters to County Societies organized to conform to the spirit of this Constitution and By-Laws.

SEC. 5. In sparsely settled sections it shall have authority to organize the physicians of two or more counties into societies, to be designated by hyphenating the names of two or more counties so as to distinguish them from district and other classes of societies. These societies, when organized and chartered, shall be entitled to all the privileges and representation provided herein for County Societies, until such counties may be organized separately.

SEC. 6. The Council shall provide and superintend the publication and distribution of all proceedings, transactions and memoirs of the Society, and shall have authority to appoint an editor and such assistants as it deems necessary. Further, to facilitate this work, it shall be the duty of the Secretaries of the Sections, during each Annual Session, or as soon thereafter as practicable, to deliver to the Editor, or his duly appointed agent, all such proceedings, reports, addresses, papers and other documents as may have been ordered for publication. All money received by the Council, or its agents, resulting from the discharge of the duties assigned to them, must be paid to the Treasurer of the Society, and all orders on the Treasurer for disbursements of money in any way connected with the work of publication must be indorsed by the Chairman of the Council and countersigned by the Secretary of the Society. All matters of the Society pertaining to the expenditure of money for other purposes shall be referred, during the Annual Session, to the Council, who shall report upon the same within twelve hours, and if the House of Delegates orders the expenditure of money in connection with said report, the payment shall be made by the Treasurer as provided above. It shall be the further duty of the Council to hold the official bonds of the Treasurer and the Chairman of the Medico-Legal Committee for the faithful execution of their offices, annually to audit and authenticate their accounts, and to present a statement of the same in its annual report to the House of Delegates, which report shall also specify the character and cost of all the publications of the Society during the year, and the amount of all other property belonging to the Society under its control, with such suggestions as it may deem necessary.

In the event of a vacancy in the office of the Secretary of the Society, or the Treasurer, or Chairman of the Medico-Legal Committee, the

Chairman of the Council shall fill the vacancy *ad interim* until the next meeting of the Council. (As amended Sept. 16, 1909.)

SEC. 7. Each Councilor shall be organizer, peacemaker and censor for his District. He shall visit each county in his District at least once a year for the purpose of organizing component societies where none exists, inquiring into the condition of the profession, and for improving and increasing the zeal of the County Societies and their members. He shall make, on blanks furnished by the State Secretary, a report of his doings and of the condition of the profession of each county in his District to the Council at its Annual Meeting in January. The necessary traveling expenses, not to exceed twenty-five dollars annually, incurred by such Councilor in the line of duties herein imposed, may be allowed by the House of Delegates upon a proper itemized statement, but this shall not be construed to include his expense in attending the Annual Session of the Society. (As amended June 29, 1905.)

#### CHAPTER IX—STANDING COMMITTEES

SECTION 1. The standing committees shall be as follows:

- A Committee on Scientific Work.
- A Committee on Public Policy and Legislation.
- A Committee on Arrangements.
- A Committee on Medical Education.
- A Medico-Legal Committee.

(As amended May 25, 1906, May 16, 1907, and Sept. 16, 1909.)

SEC. 2. The Committee on Scientific Work shall consist of the President, who shall be the Chairman, the Secretary, and the Chairman and Secretaries of the Sections. It shall determine the character and scope of the scientific proceedings of the Society for each session, subject to the instruction of the House of Delegates, or of the Society, or to the provisions of the Constitution and By-Laws. Thirty days previous to each Annual Session it shall prepare and issue a program announcing the order in which papers, discussions and other business shall be presented, which shall be adhered to by the Society as nearly as practicable.

SEC. 3. The Committee on Public Policy and Legislation shall consist of three members appointed by the President. Under the direction of the House of Delegates it shall represent the Society in securing and enforcing legislation in the interest of the public health and of scientific medicine. It shall keep in touch with profes-

sional and public opinion, shall endeavor to shape legislation so as to secure the best results for the whole people, and shall utilize every organized influence of the profession to promote the general influence in local, state and national affairs and elections.

No bill or proposed law or amendment thereto shall be introduced in the State Legislature or sent to any member thereof in the name of this Society or by any of its committees until such proposed Legislation shall have been indorsed and approved by the Council of this Society in regular session.

After any proposed legislation shall have been indorsed by the Council, it shall be referred to the Committee on Public Policy and Legislation, who shall thereupon have it presented for passage at Lansing, and take such steps as may be deemed necessary to secure for it the united indorsement of the Medical Profession throughout the State, and to that end it shall be the duty of the Secretary of this Society under the direction of the Committee on Legislation and Public Policy, to have printed and issued to the various County Societies, or to each member thereof as the case may require, circular letters and letters of indorsement to be addressed by physicians to their representative at Lansing, asking for the support and passage of the legislation so approved. (As amended May 16, 1907.)

SEC. 4. The Committee on Arrangements shall consist of five members of the County Society in the territory in which the Annual Session is to be held, and shall be appointed by the President of the Society. It shall, by committees of its own selection, provide suitable accommodations for the meeting place of the Society, the House of Delegates, the Council and the Sections, and shall have general charge of all the arrangements. Its Chairman shall report an outline of the arrangements to the Secretary for publication in the program.

SEC. 5. The Committee on Medical Education shall consist of three members, one to be appointed for one year, one for two years and one for three years, thereafter one member to be appointed each year; said committee shall select one of its own members as a Delegate to the yearly conference on Medical Education of the American Medical Association. (As adopted May 16, 1907.)

SEC. 6. The Medico-Legal Committee shall consist of an Executive Board of five, to be elected by the Council, and also one member from each component society not otherwise

represented, to be elected by the component societies. The Executive Board shall be elected for one, two, three, four and five years, respectively, and thereafter one member shall be elected each year to hold office for five years. All other members of the Committee shall be elected for one year.

The election of members of the Executive Board shall be made by the Council at the time of the annual session of the Society, and that of other members of the Committee shall be made by each component society at its first meeting after September 1, the term of office of all members of the Committee beginning on the first day of January following.

No County Society voting not to participate in the privileges of this bureau shall be entitled to representation on the Committee. (*As adopted Sept. 16, 1909.*)

SEC. 7. The Council, at the same meeting, shall elect one of the five members of the Executive Board as Chairman, whose term of office shall be for one year from the first of January following. He shall act as Chairman of the Executive Board and of the entire Committee, and shall be the custodian of the Medico-Legal Fund. No disbursement shall be made from the Medico-Legal Fund without the signatures of the Chairman of the Executive Board and the Chairman of the Council or the Secretary of the State Society.

In order that the Chairman may be able to give the requisite amount of time to his duties, it is desirable that he should receive some compensation. The amount of his salary shall be fixed by the Council. (*As adopted Sept. 16, 1909.*)

SEC. 8. The Executive Board shall report to the Council at its annual meeting, giving full particulars of the work of the Committee, and a detailed statement of income and disbursements.

It shall engage by the year a competent firm as general attorneys, and fix their compensation. Their duties shall be to compile from all available sources court decisions fixing the law of liability of physicians for civil malpractice, such compilations to be the property of the Society, and also to defend any member of the Society not in arrears, when sued or threatened with suit for civil malpractice, or to supervise such defense through a local attorney. (*As adopted Sept. 16, 1909.*)

SEC. 9. The Medico-Legal Fund, consisting of an initial assessment of one and one-half dollars from each present and future member of the

Society, and a subsequent assessment of one dollar for each year after the first, shall be collected by the State Secretary, and paid at least monthly as collected to the Chairman of the Medico-Legal Committee.

In the event that any County Society, by a majority vote of all its members, shall elect not to avail itself of the privileges of the Medico-Legal Fund, then this special assessment shall not be collected or accepted from any member of that component society and no member of such society shall be entitled to any of the privileges of the Medico-Legal Bureau. (*As adopted Sept. 16, 1909.*)

SEC. 10. Members in arrears after June 1 shall not be entitled to defense for any suit, the cause of action of which arose while in arrears, and any member sued or threatened before joining the society or before the organization of the Medico-Legal Fund must pay the actual cost of defense in such suit. (*As adopted Sept. 16, 1909.*)

SEC. 11. With the exception above noted, the Medico-Legal Committee shall undertake the defense of any member of the Society sued or threatened with suit for civil malpractice, regardless of the time when the alleged cause of action arose, and shall also defend any action for civil malpractice against the estate of a deceased member, provided he or she, while living, has conformed to the foregoing requirements. (*As adopted Sept. 16, 1909.*)

SEC. 12. In the event that during any one year the demands upon the Medico-Legal Fund be large enough to exhaust it, the Council shall be authorized to loan sufficient funds from the treasury of the State Society to meet the contingency. (*As adopted Sept. 16, 1909.*)

SEC. 13. It shall be the duty of any member of the Society threatened with action for civil malpractice to confer at once with the member of the Medico-Legal Committee from his component society and with his aid prepare the case and forward the same to the Chairman of the Medico-Legal Committee. He must agree not to settle or compromise his case without the consent of the Executive Board and the General Attorneys. He may recommend, in conjunction with the local member of the Medico-Legal Committee, the best available local attorney, but the authority to engage the services of local attorneys shall lie with the Executive Board and their General Attorneys. The local attorney chosen shall enter the appearance of his client and undertake his defense under the supervision of the General Attorneys. (*As adopted Sept. 16, 1909.*)

SEC. 14. All attorney's fees and court costs will be paid from the Medico-Legal Fund, and defense carried through all Michigan courts, but under no circumstances shall this fund be liable for any damages declared against an unsuccessful litigant. (*As adopted Sept. 16, 1909.*)

#### CHAPTER X—AUTHORITY IN EMERGENCIES

When prompt speech and action are imperative with reference to matters concerning which the views of the Society are well known, authority to speak and act for it is vested by the Michigan State Medical Society in its President and Council. (*As adopted June 30, 1905.*)

#### CHAPTER XI—ASSESSMENTS AND EXPENDITURES

SECTION 1. An assessment of two dollars per capita on the membership of the Component Societies, exclusive of the special assessment for the Medico-Legal Fund, is hereby made the annual dues of this Society. The Secretary of each County Society shall forward its assessment with a roster of all officers and members to the Secretary of this Society as soon after the annual meeting of the County Society as possible; not later than December 31. (*As amended Sept. 16, 1909.*)

SEC. 2. Any County Society which fails to pay its assessment, or to make the reports required, on the date above stated, shall be held as suspended, and none of its members or delegates shall be permitted to participate in any of the business or proceedings of the Society or of the House of Delegates until such requirements have been met.

SEC. 3. All motions or resolutions appropriating money shall specify a definite amount for the purpose indicated, and must be approved by the Council.

#### CHAPTER XII—RULES OF CONDUCT

The principles set forth in the Code of Ethics of the American Medical Association shall govern the conduct of members in their relations to each other and to the public.

#### CHAPTER XIII—RULES OF ORDER

The deliberations of this Society shall be governed by parliamentary usage as contained in Roberts' Rules of Order, unless otherwise determined by a vote of its respective bodies.

#### CHAPTER XIV—COUNTY SOCIETIES

SECTION 1. All County Societies now in affilia-

tion with the State Society or those which may hereafter be organized in this State, which have adopted principles of organization not in conflict with this Constitution and By-Laws, or with the code of ethics of the American Medical Association, shall, upon application to the Council, receive a charter and become a component part of this Society, subject to the condition described in Sec. 4 of this Chapter. A roster of its officers and members and the annual dues of \$2.00 for each member must accompany the application.

SEC. 2. As rapidly as can be done after the adoption of this Constitution and By-Laws a medical society shall be organized in every county in the State in which no component society exists.

SEC. 3. Charters shall be issued only upon approval of the Council, and shall be signed by the President and Secretary of this Society. The Council shall have authority to revoke the charter of any Component Society whose actions are in conflict with the letter or spirit of this Constitution and By-Laws or the Code of Ethics of the American Medical Association.

SEC. 4. Only one Component Medical Society shall be chartered in any county. Where more than one County Society exists, friendly overture and concessions shall be made, with the aid of the Councilor for the District if necessary, and all of the members brought into one organization. In case of failure to unite an appeal may be made to the Council, which shall decide what action shall be taken.

SEC. 5. Each County Society shall judge of the qualifications of its own members; but, as such societies are the only portals to this Society and to the American Medical Association, every reputable and legally registered practitioner of medicine shall be entitled to membership. Before a charter is issued to any County Society, full and ample notice and opportunity shall be given to every such physician in the county to become a member. (*As amended June 24, 1908.*)

SEC. 6. Any physician who may feel aggrieved by the action of the Society of his county in refusing him membership, or in suspending, or expelling him, shall have the right of appeal to the Council.

SEC. 7. In hearing appeals the Councilor or the Council may admit oral or written evidence as in his or its judgment will best and most fairly present facts. Efforts at conciliation and compromise shall, however, precede all such hearings.

SEC. 8. When a member in good standing in

a Component Society moves to another county in this State, his name, upon request, shall be transferred without cost to the roster of the County Society into whose jurisdiction he moves.

SEC. 9. A physician living near a county line may hold his membership in that county most convenient for him to attend, on permission of the Society in whose jurisdiction he resides.

SEC. 10. Each County Society shall have general direction of the affairs of the profession in the county, and its influence shall be constantly exerted for bettering the scientific, moral and material condition of every physician in the county; and systematic efforts shall be made by each member, and by the Society as a whole, to increase the membership until it embraces every qualified physician in the county.

SEC. 11. At the Annual Meeting in the fall, or at the first meeting after January 1, due notice having been given, each County Society shall elect annually a delegate and alternate, or delegates and alternates, to represent it in the House of Delegates of this Society in the proportion of one delegate to each fifty members or major fraction thereof. (See By-Laws, Chapter IV, Sec. 1.) The Secretary of the County Society shall immediately send the list of its delegates to the Secretary of this Society. (*As amended June 29, 1905.*)

SEC. 12. The Secretary of each County Society shall keep a roster of its members, and a list of the non-affiliated registered physicians of the county, in which shall be shown the full name, address, college and date of graduation, date of license to practice in this State and such other information as may be deemed necessary. He shall annually furnish an official report containing such information, upon blanks supplied him for the purpose, to the State Secretary by the first day of January. In keeping such roster the Secretary shall note any changes in the personnel of the profession by death, or by removal to or from the county, and in making his report shall be certain to account for every physician who has lived in the county during the year. (*As amended June 29, 1905.*)

#### CHAPTER XV—AMENDMENTS

These By-Laws may be amended at any Annual Session by a majority vote of all the Delegates present at that Session after the amendment has laid upon the table for one day.

## COMMUNICATIONS

### MEDICAL AFFAIRS IN CUBA

MIAMI, FL., Jan. 23, 1910.

TO THE EDITOR:

I have just returned from a trip to Havana, and thought, perhaps, you might care to hear something about medical matters in that city. There are a number of large hospitals in Havana. Three of these are supported by associations; they being very large, the largest being one called the "Clerk's," having more than 25,000 members besides associate members. Each member pays \$1.50 per month, which entitles him to medical or surgical treatment, and hospital care for a period of six months at least, and under special conditions even longer. There is also a hospital for foreign residents called the "American Hospital," but the capacity is small, with the membership on the same terms as the others mentioned.

The principal one of the public hospitals is the Mercedes, located in a beautiful part of the city called Védado, and not far from the beautiful bay. It was opened more than a century ago, but was not nearly as large as it is now. The main building is 200 feet long, and two stories in height, with a high basement. It is of the usual Spanish style of architecture,—brick, covered with cement. The entrance is in the center by a wide hall to a corridor which extends through the center of this whole building. On one side of this corridor are the administrative offices, and from the other side are doors opening into the wards, which are long, one story buildings, extending at right angles from this main building.

Between each of these ward buildings is a *patio* filled with a great variety of tropical plants and flowers. The wards are wide and high, and lighted by large windows which give light, ventilation and a view of the beautiful *patio* or garden on each side.

The floors everywhere are of cement or marble tiling—cement entirely in the wards and main corridors. The windows of the fever wards are heavily screened and the doors from the main corridor into these wards are double, having a space between, so that one set of doors is closed before the other is opened, thus using double precaution to prevent the entrance of mosquitos. There are no flies on Havana.

This hospital has medical, surgical, obstetri-

cal and children's wards. The operating room with its accessory departments, such as sterilizing room, preparation room for patients and for operators is built, arranged and fitted in the most modern way. I have never seen anything more complete anywhere.

Chloroform anæsthesia is used entirely, as the warm climate vaporizes the ether too rapidly. I was told no accidents have occurred from the use of chloroform.

All women applying for admission to the obstetrical ward must enter at least one month before the expected time of delivery. This is for the purpose of not only proper preparation, but to study the case in all its phases. The patients are employed at various kinds of work during this time, for the purpose of keeping up their general condition, and for partial payment of their expenses,—their care being entirely free to them. All the details of delivery are carried out in the most scientific manner. Many of these patients are from the poorest classes in the city, and poverty is most extreme in Havana. By entering thus before delivery they obtain better food, and are placed in a better condition than if they entered at the time of delivery.

In the children's ward the cases are nearly all surgical, and I was told the great majority are due to tuberculosis. I had the privilege of seeing wounds of various kinds dressed, and all the details were carried out in the most careful manner.

I spent an hour with Dr. Mindez who has charge of the X-ray and other electrical apparatus of the hospital,—a most complete equipment of X-ray, static and other forms of electricity, Finsen light, blue light and hot air. In this hot air apparatus the air is heated by electricity to 700 degrees if required. The X-ray is used both for diagnosis and treatment. The doctor showed me a patient who had had a large epithelioma of the lower lip, which after four weeks' treatment was now practically healed. The resulting scar was soft and pliable, and the glands entirely gone. He had some very beautiful X-ray plates of internal lesions.

There is an out-patient department with an average daily attendance of about three hundred patients. The material in this hospital is used for teaching purposes. All medical students in Cuba must have a literary education equal to a good high school, and the medical course is five years, the last two of which are largely clinical instruction in the wards in small classes under

the professors of the various departments. The out-patient department is also utilized for the purpose of teaching.

In Cuba there is no distinction of the races. One can see in the wards all shades of color from white to the deepest black, side by side and all treated alike.

Many of the older professors are graduates of French and Italian universities, and have visited many of the medical centers of both Europe and America.

From my observation I would place Cuba, taking Havana as the exponent, among the leading nations in regard to scientific medicine.

Yours very sincerely,

A. I. LAWBAUGH.

## BOOK NOTICES

*A Practical Treatise on Ophthalmology.* By L. Webster Fox, M. D., LL. D., professor of Ophthalmology in the Medico-Chiurgical College, Philadelphia. Octavo, 807 pages; 6 colored plates and 300 illustrations in the text. Cloth, \$6.00. New York, D. Appleton & Co., 1910.

A few years ago Appleton & Company published an excellent book entitled, "Diseases of the Eye," by L. Webster Fox. The present volume is the outgrowth of a complete revision and amplification of the former work, and the result is one of the best books on the eye which has yet appeared.

In preparing the present volume the author has made an effort to present a comprehensive treatise, including references to the many researches and great advances which have been made in this department in recent years. He has succeeded well. The text is systematically and logically arranged, opening with chapters on embryology and anatomy. The important chapter on bacteriology is well written. The relation of general diseases to those of the eye is thoroughly discussed in two chapters. Operative technique is lucidly explained and the standard operations carefully described and pictured.

The book is well printed and bound in harmony with many of Appleton's medical books. It deserves a hearty welcome and will undoubtedly become one of the standard works on the subject.

*The American Quarterly of Roentgenology.* Edited by P. M. Hickey, M. D. Subscription, \$5.00, yearly. Published quarterly by the American Roentgen Ray Society.

The first number of the *Quarterly of Roentgenology* under the editorship of Dr. Hickey,

of Detroit, has appeared and is a very creditable publication. It is of handy size, excellently printed on good paper, has an attractive cover and is splendidly illustrated.

This initial number contains five original articles, the address of the retiring president of the society, Dr. G. C. Johnston, of Pittsburg, the minutes of the Tenth Annual Meeting, notes and abstracts.

The *Quarterly* is a distinct addition to American current literature.

**Text Book of Hygiene.** A Comprehensive Treatise on the Principles and Practice of Preventive Medicine from the American standpoint. By George H. Rohe, M. D., late professor of Therapeutics and Hygiene in the College of Physicians and Surgeons, Baltimore, and Albert Robin, professor of Pathology, Temple University. Fourth edition. Pages, 582; 50 illustrations. Philadelphia, F. A. Davis Company, 1909.

This well known volume has undergone a thorough revision, many advances made in hygiene and sanitary science having been incorporated. Several sections have been rewritten and many additions made to various portions of the text.

There are twenty chapters. The first four deal respectively with air, water, food and soil; chapters V and VI discuss the construction of habitations and hospitals; school, military and industrial hygiene are thoroughly gone over; chapter XII is an excellent resumé of personal hygiene; contagion, infection and epidemic disease receive due attention, as well as antisepsis, quarantine and vital statistics.

The style is entertaining and interesting, and a thorough study of the book will well repay the reader.

**Medical Gynecology.** By S. Wyllis Bandler, M. D., Adjunct Professor of Diseases of Women, New York Post-Graduate Medical School and Hospital. Second revised edition. Octavo of 702 pages, with 150 original illustrations. Philadelphia and London, W. B. Saunders Company, 1909. Cloth, \$5.00 net. Half Morocco, \$6.50 net.

A carefully written and well-edited volume that will be found of great value to the gynecologist and of wonderful help to the general practitioner.

With an unusual acumen the author has risen to the necessities in the matter of diagnosis. In this respect he has handled each subject with a distinctness and exactness that is truly refreshing; the methods advocated are precise; the reasoning clear and the conclusions logical. This feature is alone worth the entire cost of the book.

In treatment nothing medical is overlooked, drugs, hydrotherapy, mechanico-therapy, electrotherapy, all are recognized. The fault of

holding purely operative cases too long from surgery is not indorsed.

Head Zones are given deserved attention. The chapter on pain is of marked value. Many additions and new features are found. The work is brought down to date and should be well received by the profession.

**Examination of the Urine.** A Manual for Students and Practitioners. By G. A. DeSartos Saxe, M. D., instructor in Genito-Urinary Surgery, New York Post-Graduate Medical School and Hospital. Second edition, enlarged and reset. 12 mo. of 448 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1909. Cloth, \$1.75 net.

In this little book the clinical side of urinary examination has been more markedly emphasized than in the first edition. Many chapters have been added to meet the newly advanced ideas; new departments have been added and especial attention given to Diabetes and Texemias of Pregnancy. Tests that have proven valueless have been dropped. Among the new tests is a careful consideration of Carmidge's Reaction, with the author's own experience with it. The illustrations are many and good—urinary sediment, crystals, casts, etc. It should be a valuable book for the laboratory worker, and the general practitioner who only occasionally does laboratory work, for it will aid him to interpret the work done for him by others.

**Modern Clinical Medicine. Diseases of Children.** Edited by A. Jacobi, M. D., L.L.D. Authorized translation from Die Deutsche Klinik. Octavo, 828 pages, 34 illustrations. New York, D. Appleton & Company, 1910.

This volume seems to us to be of unusual excellence, and to fill, moreover, a very real need, in spite of the fact that we are already well supplied with books on pediatrics by American authors. Pediatrics is a specialty in which there are many noteworthy differences between American and foreign ideas and practice, and while much of the best and most advanced work in certain lines is being done abroad, it has not as yet been adequately presented to the profession of this country. A book of this kind, therefore, presenting the latest and best work of the great German schools and written by men nearly all of whom have an international reputation, while several of them are universally known as the highest authorities on the special subjects assigned to them, should be really indispensable to any man who is called upon to treat children, and who aims to keep abreast of the newer ideas. Some of the chapters moreover, deal with subjects upon which most of us have little knowledge, and which are

slighted or ignored in the ordinary text book. The discussion of speech disturbances of childhood by Gutzmann, for instance, brief as it is, would of itself make the purchase of the book worth while; and the articles by Finkelstein on hereditary syphilis and Neumann on functional nervous diseases are really classic.

One need only glance over the list of authors and subjects to be assured of the quality of the work, and to understand, too, that each collaborator has been assigned the subject best suited to him. Possibly most readers would not agree with the editor in selecting C. Keller's opening chapter on the diseases of the new born as the most noteworthy; but it is certainly of the highest excellence, and contains much material not readily accessible elsewhere. Czerny's discussion of feeding is unusually clear and simple, and will go far to dispel the prevalent idea that he is an extremist. Certainly he has for some years been one of the foremost in urging what have at times seemed very radical innovations, but the soundness of most of these is now very generally recognized abroad, and is constantly gaining acceptance in America, so that today few will find anything startling in his methods, and many will acclaim their simplicity and common sense.

Although nearly every one of the monographs which make up the book is a notable contribution by a distinguished clinician, space forbids a discussion of each of them. One, however, must have especial mention. Pneumonia of children is treated by the venerable Henoch, the dean of all the pediatricists, who belongs to a generation even before that of our own Jacobi; and whoever has not yet learned the peculiar charm of Henoch's clinical lectures has a great treat in store for him. They are comparable in keenness of observation and lucidity of presentation with those of the great clinicians of the last century, and their like is all too rare today.

Too much can hardly be said of the accuracy and literary quality of the translation, which was under the general supervision of Salinger. The editor of such work has, naturally, little to do, but one recognizes gratefully the good taste shown by Jacobi in not overdoing his task, as well as the value of such comments as he has seen fit to make.

**A Handbook of Medical Diagnosis.** By J. C. Wilson, M. D., Professor of the Practice of Medicine and Clinical Medicine in Jefferson Medical College and Physician to its hospital. Octavo, 1435 pages. Illustrated. Philadelphia and London, J. B. Lippincott Company, 1909.

The one striking feature of medical book making during the past two years is the large number of works on diagnosis. We have had new texts, and new editions of the older works dealing with diagnosis in almost every specialty. It is an indication of the trend toward perfection in medical science.

This new book is perhaps the most complete guide of the diagnostics of internal medicine which has yet appeared. It is a bulky work of over 1400 pages closely printed and is a perfect encyclopedia of facts and directions for ascertaining these facts. It gives evidences of having been carefully prepared and can be safely recommended.

The subject matter is divided into four sections. First, medical diagnosis in general is considered; second, the methods of diagnosis; third, symptoms and signs; and fourth, clinical applications. Laboratory as well as clinical methods are discussed and considerable care expended on interpretation.

One desiring a complete treatise on this most important subject will do well to decide on this volume.

**Principles of Surgery.** By N. Senn, M. D., LL. D., late professor of surgery, University of Chicago. Fourth Edition—revised by Emanuel Senn, M. D., and Emanuel Friend, M. D. Octavo, 706 pages, 231 illustrations. Philadelphia, F. A. Davis Company, 1909.

It is now twenty years since Senn published his well known book, in which he made the attempt, most successfully, to clearly set forth the fundamental principles of surgery in the same volume with practical or clinical surgery. This has been done a number of times since, but Senn's was one of the first books written with this end in view. The volume went through three editions during the author's lifetime and has now been revised and brought up to date by Emanuel Senn and E. Friend.

The book is too well known to require a detailed description. There are chapters on Regeneration, Inflammation, Necrosis, Suffocation, Ulceration, Fistulae, Septicemia, Tuberculosis and the other specific infections. Syphilis, however, is not mentioned, the word does not occur in the index.

## SURGERY

Conducted by

R. E. BALCH, M. D.

**A Skin Reaction in Carcinoma from the Subcutaneous Injection of Human Red Blood Cells**—Charles A. Elsburg, Harold Neuhoof and S. H. Geist, in *American Journal of Medical Science* for February, report the results of their study of 432 patients injected with human red blood cells for the purpose of diagnosing carcinoma. In all 684 injections were given.

The foundation for their work lies in the fact that in the growth and breaking down of malignant tumors, poisons are set free that, acting upon the red blood cells, cause anemia and cachexia characteristic of this disease. Some of these poisons are known to be lysins.

Instead of making the usual hemolytic test, they inject the washed red blood cells of a normal human being beneath the skin of an individual in whom a carcinoma is suspected. In obtaining the red blood cells an individual is chosen who is known to be free from tuberculosis or syphilis, and who has not been recently ill or undergone an operation or injury. Under proper aseptic precautions 5 to 10 C. C. of blood is aspirated from a vein of the arm. This blood is defibrinated and washed and may be kept as a 20 per cent solution for several days.

In making the injection, a hypodermic syringe previously boiled in normal saline and cooled, is filled with a 20 per cent solution. A spot on the anterior portion of the arm of the suspected individual is rendered aseptic and 5 minims of the solution injected in a spot free from veins and in an upward direction. Care should be taken to have the needle beneath the skin and not in it. The reaction usually begins in from two to five hours and reaches its height in six to eight hours. When fully developed the reaction appears in a somewhat irregular oval area with a well defined margin measuring from one by two to three by five cm. The margin is often surrounded by a whitish areola. The color of the lesions varies from a brownish red to a maroon, with rarely a bluish tinge. The lesion is distinctly raised from the surrounding skin surface. The lesion usually disappears in from six to twelve hours. When the lesion has disappeared, there remains behind a flat yellowish or greenish discoloration.

Four classes of patients were injected. Patients known to have carcinoma, as proven by autopsy or operation; patients in whom absence of carcinoma was positive, but in whom other chronic and acute diseases were known to be present; patients in whom carcinoma was suspected; and finally patients with advanced and miliary carcinoma.

**CONCLUSIONS**—89.97 per cent in whom the skin reaction was positive were proven to be suffering from carcinoma; 94.37 per cent in whom the skin reaction was negative were found to be free from carcinoma; in the advanced or miliary carcinoma no reaction resulted.

**A Method of Anastomosis Between Sigmoid and Rectum**—Donald C. Balfour, in *Annals of*

*Surgery*, for February, 1910, after calling attention to the high mortality following the usual methods of end to end anastomosis between sigmoid and rectum, gives the technique carried out by Dr. W. J. Mayo. The successive steps in the operation can be briefly tabulated as follows:

1. The patient is placed in high trendelenberg position and a long median incision made between pubes and umbilicus.

2. The intestines are carefully packed off above, leaving only the lower sigmoid exposed in the pelvis.

3. Liberation of the affected portion of the bowel by lateral incisions through the peritoneum, especially through the outer leaf of the sigmoid, and a semilunar incision along the base of the bladder connecting the two lateral.

4. Careful dissection of all the fat and glands as high as the abdominal aorta, the hollow of the sacrum being swept clean.

5. Ligation of the inferior mesenteric and middle sacral arteries at proper points.

6. Two pairs of forceps are clamped on the bowel at a suitable distance below the tumor, and two on the proximal side. The necessary amount of sigmoid with the tumor is excised and the cut ends sterilized.

7. A three-fourths inch rubber tube is passed into the lower segment of the bowel until the end protrudes through the anus. The upper end with a lateral eye is inserted into the proximal end of the sigmoid a distance of three inches. It is here secured by a transverse catgut stitch  $\frac{1}{2}$  inch above the cut end of the intestine.

8. Traction is now made by an assistant upon the end of tube projecting from the rectum until the cut ends of the bowel meet and an anastomosis is made by interrupted through and through chromic catgut sutures with careful coaptation of mucous membranes.

9. Traction is again made upon the tube sufficient to accomplish a half inch intussusception, this being aided by a few forceps on the distal fragment to steady it. A second row of seromuscular sutures is then inserted. Sometimes the parts are so deeply situated that the second row cannot be well placed, but the ultimate result has been good nevertheless.

10. The defect in the peritoneum behind is remedied by sliding the peritoneum and suturing, and finally the omentum is drawn down over the anastomosis and if necessary, secured by a catgut suture.

11. The abdominal wound is closed in the usual way, drainage being provided for as a rule by two wicks carried down on each side of the anastomosis into the hollow of the sacrum and brought out the lower part of the abdominal incision. The rubber rectal tube remains in position about six days, or until the catgut suture has been absorbed. The abdominal drains are loosened on the fourth to the sixth day, but usually not removed for a week, because a temporary fistula sometimes occurs.

## GYNECOLOGY AND OBSTETRICS

Conducted by

B. R. SCHENCK, M. D.

**Appendicitis Complicating Pregnancy**—Findley has written a very good resumé of this important subject and reports seven cases, in all of which there had been previous attacks of appendicitis. The details of these cases are interesting, but our space will not allow a recital of them.

Findley's conclusions are that pregnancy in no way incites primary appendicitis, but recurring attacks may be precipitated by pregnancy, labor and the puerperium. Severe attacks may be confounded with puerperal sepsis. Mild attacks do not influence pregnancy, while very severe attacks may cause death of the fetus, either *in utero* or shortly after birth. Deaths after birth have been ascribed to nonviability, toxemia and septicemia. A patient in the child-bearing period who has had one attack of appendicitis should be operated upon, lest she experience another attack during pregnancy.

Severe cases should be operated upon without delay. When occurring near the end of term, the pregnancy should be terminated and the appendix immediately removed. When an abscess has formed, immediate drainage is imperative, lest the contracting uterus which forms a part of the abscess wall, should liberate the pus and cause general peritonitis. To prevent miscarriage after an operation done in the earlier months, rest should be enjoined, opiates administered, and, during the operation, the uterus should be handled and manipulated as little as possible.—*Am. Jour. Obs.*, December, 1909.

**Treatment of the Vomiting of Pregnancy by Adrenalin**—Hyperemesis of pregnancy is generally considered as due either to nervous or toxic influences, or possibly to both combined. There are also frequently found vasomotor disturbances. It has been known for many years that during pregnancy there is an engorgement of the inferior turbinate, a condition found by Freund in 66 per cent of all cases examined. This leads to the possible conclusion that the vomiting is due to irritation of the vomiting center in the medulla, which is located very close to the vasomotor center. Hence it has been suggested that any treatment which will allay the vasomotor irritability and lessen

congestion, will also have a favorable effect upon the vomiting.

Rebandi, in a desperate case of pernicious vomiting in the third month, after all other measures had failed, obtained excellent results from the administration of adrenalin (1-1,000) by mouth, in ten drop doses, morning and evening. The results were immediate. After nine days the dose was diminished and after eleven days discontinued. The author recommends further trial of the method.—*Zent. f. Gyn.*, October 30, 1909.

**Backache in Women**.—The treatment of backache in women is complex and often unsatisfactory. Toxic and lumbar backaches are treated with laxatives, diuretics, and colon irrigation. To the congested type are administered ergot, digitalis, strychnine and bromides. The anemic are given iron and tonics. Temporary relief is afforded by the use of local counter-irritation. For neurasthenics the rest cure is advised. Surgical measures have for their object the sewing up of lacerations, the correcting of malpositions, and the removal of diseased organs and tumors. Krussen emphasizes the value of the drinking of large quantities of water in these cases. Frequently a rheumatic diathesis is associated with pelvic disease. Pains may be due to the lithemic diathesis, and a certain proportion of backache is due to traumatism. The fact that women are habitually constipated and that they drink small quantities of water are two factors to be borne in mind in treatment. Hydrotherapy plays an important part in the relief of symptoms.—*The Practitioner*, February, 1910.

**Uterine Myomata at the Menopause**—A case is cited in detail by Palm to show the necessity of early operation in all cases of fibroids, regardless of whether or not the symptoms produced are alarming. The case was a fairly typical one in which during the forties slight symptoms appeared and continued, under palliative treatment until the age of sixty when the tendency to hemorrhage ceased. Five years later, however, a secondary carcinoma had developed, at which time the patient was in no condition for a major operation.—*Arch. f. Gyn.*, LXXXIX, No. 2.

## OTO-LARYNGOLOGY

Conducted by

WILFRID HAUGHEY, M. D.

**Results in Matoid Operations for Extradural Lesions**—Bryant in *American Journal of Surgery* for February, 1910, concludes: Strict attention to the following points has given the best cosmetic functional and curative results in mastoid operations:

1. The employment of rigid aseptic technique.
2. The immediate closure of the external wound with a minimum of drainage.
3. In a simple matoid operation the non-interference with the tympanic contents.
4. The healing of the typanum before the post-aural opening is finally allowed to close.
5. The daily use of Politzeration, beginning three or four days after the operation.
6. The performance of a radical operation only in cases which demand it; and the modification of the technique of the radical procedure so that all the living tympanic structures may be conserved.
7. The preservation of the Eustachian tube intact and patent throughout.
8. Leaving the cochlea intact, except in cases where there are definite indications of an invasion of the cochlea by suppuration.

**Laryngeal Diphtheria**—C. H. Shutt, St. Louis, (*Journal A. M. A.*, February 5) thinks that non-instrumental methods are worthy of more frequent trial, at least in hospital practice, in cases of laryngeal diphtheria with only slowly increasing dyspnea, only moderate exhaustion and slight cyanosis. The local measures consist chiefly in inhalations, securing of favorable surroundings and perhaps the induction of vomiting to aid in removing loosened membranes. General medical treatment consisting of antitoxin and stimulation as needed, cathartics, diuretics, etc., should be employed as in pharyngeal diphtheria. Antitoxin should be employed in all cases and as early as possible, and he prefers moderate sized doses repeated every four to six hours as more effective and less depressing than massive ones. When the patient is very weak, toxic or much cyanosed, surgical or mechanical measures are indicated and the choice is between intubation and tracheotomy. The author's conclusions are as follows: "Physicians should be prepared and expect to treat laryngeal diphtheria which usually presents as an emergency. Although possessing intubation instruments, the physician may find himself without them in an emergency and be compelled to attempt tracheotomy. Non-instrumental methods of relief are worthy of more frequent trial, especially in institutional work

and in those cases in which dyspnea is increasing slowly, exhaustion is moderate, cyanosis is not severe and the surroundings are favorable. Intubation may be performed in cases in which the symptoms indicate recent and closely adherent membranes. It should be employed only when intelligent nursing may be had and when the physician is within easy reach. Every physician should be familiar with the technique of tracheotomy. The cadaver or lower animal may furnish opportunities in this direction.

**Injury of the Ear**—Manasse in *Deutsche Medizinische Wochenschrift*, Berlin, discusses mainly the accidents to the ear which the general practitioner is liable to encounter. In case of a bloody or serous collection in the auricle, conservative measures may induce reabsorption, but he prefers to aspirate the fluid with a Pravaz syringe and then push a ball of gauze into the hollow left and apply a compressing bandage. If there is already infection the granulations and necrotic cartilage must be scraped out to check the spread of the perichondritis, as otherwise severe disfigurement may result. He reviews the various injuries that may result from accidents, firearm wounds, etc., but insists that treatment is practically the same for all, namely, absolute abstention from local measures, from rinsing, syringing, probing, etc. The head should be kept at rest and the ear bandaged with dry gauze. Nothing else is necessary unless a bullet needs removal or otitis media develops, in which case the ear may be drained with strips of sterile gauze or 20 per cent boric acid in substance may be used, and cold water compresses are serviceable in case of violent inflammation. As a rule, however, ordinary perforation of the membrane heals without reaction under strict abstention. It is extremely important to refrain from attempts to syringe out clots of blood after a fracture of the bones of the ear or base of the skull as otherwise infection may easily be carried into the depths, with otogenous meningitis as the result. He has witnessed recovery under measures solely to promote reabsorption, even when the fracture of the base had induced facial paralysis and severe disturbances in hearing and balance. To hasten absorption he generally injects pilocarpin subcutaneously, commencing with one-sixth grain and increasing to one-third grain, and then gradually going back to one-sixth grain, with small doses of potassium iodid. Good results can be anticipated, he says, only when such measures are instituted early, before the extravasation has become organized.

## PEDIATRICS

Conducted by

ARTHUR S. KIMBALL, M. D.

**Important but Neglected Factors in Infant Feeding**—Southworth calls attention to the proud position the so-called American method of infant feeding now holds in the medical world and suggests that it is worth while to consider some of the factors militating against its successful practice. He believes that many of the failures and much of the dissatisfaction with this method arise from the neglect of basic principles. This applies not only to bottle-fed but to breast-fed babies as well.

He firmly believes that the failure of breast feedings is due to hasty judgments as well as change of feedings, to an incorrect interpretation of the stools, to faulty maternal feeding and especially to too hasty acceptance of the opinions of others rather than reliance upon personal observations.

Weight is the best criterion as to the correctness or incorrectness of the method of feeding being employed. The supervision of breast feeding must be conducted with especial reference to this factor, but at least ten days should pass save in rare cases, after birth, or better, until a fair attempt at maternal feeding has been undertaken.

It is never proper to advise weaning from the breast a baby of stationary weight until all attempts at proper maternal feeding have failed. On the other hand, it is not good judgment to keep at the breast a baby which is perfectly contented there but whose weight remains stationary. It is becoming more and more generally acknowledged that the fat of cow's milk is most largely responsible for the indigestion of infants. Colic and likewise soft, curdy stools are more often due to fat than to the proteid constituent. The orthodox method in beginning bottle-feeding, of starting with a half and half mixture, often results disastrously and is then so often followed by a rapid course through the long gauntlet of prepared foods on the chance of hitting one that may agree.

Often, too, if the regulation of amount and time of feedings be more carefully gauged we will have fewer cases of that so common feature of "over-fed-starvation." If parents, nurses and physicians will all learn that the cardinal principles of a starvation diet for children with beginning fevers or stomach and intestinal disturbances is more essential than in adults much will be gained. No single formula and no single food, no matter how great its indorsement or of how high standing he who gives the testimonial, can fit every case. Each must be studied and treated on its merits alone.

He finally pleads for a more careful and personal observation of the stools of all babies as being the factor of greatest importance next to weight.—*Am. Jour. of Obs.*, December, 1909.

While the article reviews many old points of common knowledge it, nevertheless, tends to focus the attention of the practitioner upon a

few of the more fundamental points necessary of consideration by successful practitioners.

**Infantile Bacillary Dysentery**—W. P. Lucas, J. G. Fitzgerald and E. H. Schorer, Boston *Journal A. M. A.*, February 5, have studied the serodiagnosis of infantile infectious dysentery. The value of the agglutination reaction, which has been generally employed by investigators, would seem by common consent to be not very great an account of its delayed appearance and relative infrequency. The authors think, however, that the methods have not been so uniform as desirable and the susceptibility of the organism employed as a reagent and its relation to the bacillary type causing the infection should be considered. The conglutination reaction has been hitherto of interest in the more theoretical studies of immunity. In 1906 Bordet and Gay described a thermostable 56 C. "colloidal" substance in bovine serum which has the property of producing a characteristic clumping and increased dissolution of red blood cells that have been treated with both a sensitizer (heated hemolytic serum, and an alexin. A probably analogous substance) was described about the same time by Manwaring. Streng has suggested the possible employment of this reaction for the diagnosis of infections of bacterial origin. The authors describe their method of experimenting both with serum diagnosis and with bacteriologic study in detail and tabulate their result. Comparing the results with the two types they find: "As regards the Flexner strain of bacilli: 1. Agglutination occurs rarely in negative cases (6.6 per cent), and frequently in cases of dysentery (53.5 per cent). Fixation occurs not infrequently in negative cases (28.5 per cent), but more frequently in positive cases. Conglutination does not occur in the negative cases but occurs in 63.1 per cent of the positive cases. 2. As regards the Shiga strain of bacilli: Positive reactions do not occur in negative cases. In the positive cases agglutinations were present in 24.4 per cent, fixations in 45.2 per cent, and conglutinations in 21.6 per cent." It is evident that the conglutination reaction is superior to the other two tests in the diagnosis of dysentery infection and as the relatively better indicator of the bacillary type. It is not to be confused with agglutination. This is evident by the appearance of the tube (clear with flecks on the sides) and other facts shown in the tables. Reactions with the Flexner strain are much more frequent than with the Shiga strain, partly the authors think, because of a greater agglutinability. No positive conglutination reaction was obtained in control cases. Conglutination was obtained in 50 per cent of the cases with the Flexner organism. It would seem that in this reaction we have a means of serum diagnosis in infections by the dysentery bacillus far superior to any other devised. Its further study will be of interest.

## DERMATOLOGY AND SYPHILIS

Conducted by

ANDREW P. BIDDLE, M. D.

**The Vaccine Treatment of Acne Vulgaris—**Acne vulgaris may be described as a condition in which there is a hypersecretion of sebaceous material associated with, or caused by (according to different authorities) an infection of the ducts by a micro-bacillus. The condition is modified by secondary cell-proliferation, fibrosis, pus formation, and infection with other bacteria, hence various types of acne vulgaris are met with.

Whitfield regards the seborrhea to be the primary cause of the disorder, but to be independent in origin. He regards the acne bacillus as an accidental infection of the excessive secretion in the patulous follicle. The irritation so set up causes proliferation of epithelium and formation of the comedo. The suppuration he regards as due to a secondary infection with the ordinary pyogenic staphylococci, which he states "are invariably to be cultivated from the pus."

The acne bacillus, having gained access to the secretion in the orifice of the sebaceous gland, causes, by the mechanical irritation set up by its presence, and also possibly by means of extra cellular toxins, a proliferation of the adjacent epithelium. As a result of this the comedo is formed

In Fleming's classification Group 1 consists of those cases where the acne bacillus is the *fons et origo malorum*. In this group he includes cases where the comedo is the dominant feature, also some of the indurated and pustular cases. The specific treatment will be with an acne bacillus vaccine.

Group 2 consists of those cases where the infection is mixed, acne bacillus and staphylococcus. In this group appear most of the indurated cases and some pustular ones, and the specific treatment must be directed against both micro-organisms.

Group 3 consists of cases where the staphylococcus is the main cause of the trouble, and the acne infection is slight and very much masked. These are treated primarily by the staphylococcus vaccine and later if need be by the acne bacillus vaccine.

In the case of both organisms either a stock vaccine or an autogenous vaccine may be used. In Western's experience it is seldom necessary to make an autogenous staphylococcus vaccine for a case of acne infected with that micro-organism; occasionally, however, cases appear to make no improvement until their own organism is used. This does not appear to be so definite a rule, however, in dealing with the acne bacillus. There is little doubt that the highest percentage of successful cases will be obtained when cases

are treated with an autogenous acne bacillus vaccine in preference to a stock, although the latter will suffice in many cases.

The dosage of the acne vaccine, it should be remembered, is very small compared with that of other vaccines, from three to fifteen million bacteria being sufficient in most cases.—G. T. Western, M. A., M. D., *British Journal of Dermatology*, January, 1910.

**Sporotrichosis Schenckii**—Under the heading of the "Naming of Diseases" an editorial in the *Journal of the American Medical Association*, says in part:

"At a recent medical meeting for instance one of the topics was 'Sporotrichosis Beurmanii.' In 1898 sporotrichosis was first described by Schenck in Baltimore, who recognized the disease-producing organism as a sporothrix and established its pathogenicity. Two years later Hektoen and Perkins in Chicago described the second case, confirmed the findings of Schenck, and with fairness and propriety gave the name *Sporothrix Schenckii* to the pathogenic micro-organism. The claims of these three authors to priority are beyond question; their work was complete, scientific and published in accessible literature. Now, three years after Hektoen and Perkins, and five years after Schenck described the disease and its organism, De Beurmann and his associates find the same organism in the same disease in France and appropriate the discovery for their own. There are no grounds for making any distinction between the organism described by De Beurmann and his colleagues and that described by Schenck, Hektoen and Perkins, and yet the disease is being described the world over, even in America, as 'Sporotrichosis Beurmanii.'

"The case of sporotrichosis Schenckii is merely a flagrant and recent illustration of the careless and unjust practice of ignoring the work of a discoverer or prior investigator for that of a later student; but unfortunately many similar instances could be given. . . ."

This Schenck is the recent secretary of the Michigan State Medical Society and Editor of its *JOURNAL*, Detroit.—*Journal A. M. A.*, Jan. 29, 1910.